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[illegible] catalogue which will [illegible] detail.

[illegible] HOSPITAL BABY

[illegible]

The PUBLIC HEALTH NURSE

Official Organ of The National Organization for Public Health Nursing, Inc.

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MAYFLOWERS

Hark! at the call of the sweet, fresh May morning,
Hear them come trooping on gay dancing feet!
Over the meadow green,
Down through the woodland sheen,
Up from the village and thronged city street.

Sunbonnet babies with little snub noses,
Rollicking youngsters with merry blue eyes,
Small Cinderellas gay,
Sweet as the breath of May,
Dreaming of fairies in godmother guise!
. . . . . .

Set up the Maypoles, with streamers aflying,
Riot of color for each eager hand;
Great Nation's greatest wealth,
Children in radiant health,
Fairest of flowers that bloom in our land!

Never mind training them just to be citizens,
Never mind urging, too fast, wisdom's way;
Give them the room to grow,
Give them the joy to know
Laughter and lilting song; give them their May!

Winifred Hathaway

Courtesy of Pro Juventute, Zurich, Switzerland

EDITORIALS

A NEW UNDERSTANDING OF CHILDHOOD

"PROTECT US."

It was only a few years ago that people used to take quite seriously such assertions as, "His high forehead denoted remarkable intellectual power," or, "His weak, vacillating character was betrayed by his receding chin." Even one's hands were likely to be scrutinized by the would-be reader of character. But the "long, tapering, sensitive fingers of the artist" were met with more often in stories than in real life, while the "squat, stubby fingers of the mechanically-minded" were as frequently found on the hands of a musician. To-day we know that any attempt to read character from the shape of the head or the particular set-up of the features is pure guess-work.

We have discarded such patently outmoded ideas. Why is it that in the realm of child behavior we still cling to outworn notions—shreds and patches of a bygone era of knowledge and education? We would blush to entertain antiquated ideas about children's physical growth and development. We look askance at the mother who proclaims that her children "might as well have the measles while they're going 'round, and get it over with." But are we not guilty of exactly the same kind of ignorance when we attempt to direct or diagnose or correct children's behavior, without an adequate basis of knowledge?

In the realm of physical growth and development we cannot excuse ourselves by saying that we cannot find out. The last two decades have given us an embarrassment of material on how children develop from month to month and from year to year. We may flatter ourselves that we know what progress the child is making in the forming of teeth and bones; we may feel confident in our knowledge of his nutritional needs, and of the defects we are likely to find, but if we are going to be of value in aiding growth, in correcting or preventing defects, must we not inform ourselves about what is going on in the child's mind? What psychological approach will work best with him, and how can we teach his mother to use it? As Dr. H. B. Wilcox says, in a report for the White House Conference on Child Health and Protection, "It is undoubtedly true that the outcome of many a condition depends less upon the drug or direct treatment applied than upon the general management of the case. By management I mean the control of the whole situation of the child and his family—in other words, the development of such coöperation on the part of the immature patient that he shall not place obstacles in the way of those trying to help."

How can we help in developing cooperation until we know the characteristics of the child's age? Until we know whether his needs have been met fairly well, or whether we have to deal with a perverse little bundle of negativism? Adults who work with children, whether they be parents, teachers, nurses, or any other grown-ups who

come in contact with childhood, should know its salient characteristics from year to year, and should be aware of the way mental and physical growth tie up.

We sometimes fail in our attempts to establish rapport because we do not take into account several essentials. First, children are very much more experimental and aggressive than adults. Behavior that seems to us wild and obstreperous and needing attention, is often only the challenge of youth and vigor to an environment that is woefully lacking. Discrepancies in behavior can so frequently be traced to the restricted conditions under which the child must live, that we should turn to a study of the environment, to discover a possible source of the discomfiting conduct.

Again, we are more likely to note or criticize behavior that is annoying or aggressive than we are to take account of the much more serious reactions that betoken the withdrawal of the child into himself. Wickman, in his study of "Children's Behavior and Teachers' Attitudes," found that teachers were apt to label as unsatisfactory or disturbing, behavior that was rough, noisy, which outraged their sensibilities and their emotional prejudices, but often ignored as comparatively insignificant, behavior such as timidity, suspiciousness, depression. These latter, to the mental hygienist, represent the very problems that are dangerous to the future well-being of the individual. Many such behavior traits have their basis in happenings of the preschool age. We know that there are great differences, present at birth, between individuals; that for some the matter of social adjustment comes easily, for others less readily. But how can we judge whether or not a child's development in these respects is normal without a knowledge of what experiment and study have shown to be the reactions of the average child?

A final point in our approach to a study of the child, centers in our gaining an ability to find the cause, rather than being content with treating the symptom. How horror-struck we should be if we were to see a physician suggesting all manner of ways of bringing down a fever, without the faintest knowledge of what underlying trouble the fever indicated! Is it not true that we do almost exactly this every time we attempt to judge behavior, without a knowledge of the factors that have produced that behavior?

For the last year and a half, hundreds of specialists have been gathering data on the children of our land, for use in President Hoover's White House Conference on Child Health and Protection. Let us avail ourselves of this material which has been gathered in our behalf! For in furthering our own knowledge of child development, and bettering our practices with regard to those with whom we come in contact, we are advancing, be it in never so humble a way, the welfare of childhood in America.

MARION L. FAEGRE

AFTER MOTHER'S DAY—WHAT?

On Mother's Day, throughout this entire country newspapers and magazines will draw attention to the need for adequate maternity care. Speakers over the radio, at women's clubs, from the pulpit, will tell the same story: that the United States stands last on the list of civilized countries in the care it gives mothers at the time of child-bearing. Everywhere people will say, "Something should be done and something can be done." How will the public health nurses capitalize this fresh interest created on Mother's Day?

Here and there throughout the country organized community health service where adequate maternity care is being given, is cutting down this preventable loss, but, as Carolyn Conant Van Blarcom says*:

"What we need is not that the high peaks of obstetrical work in this country shall be higher, making it possible to save a few more mothers from rare complications, but

* Obstetrical Nursing. C. C. Van Blarcom. The Macmillan Co., New York, N. Y.

that the average of the care given to all patients shall be raised. That every expectant mother shall be taken seriously. That every detail of the treatment and supervision of even normal cases shall be performed with utmost care and conscientiousness—and this includes nursing . . . The thought for each maternity nurse to keep in her heart is the urgency of her helping, to the extent of her ability, with the steadily increasing effort to provide more and better care for the mothers and babies throughout the community."

And again:

"The nurse . . . should grasp the sickening fact that the majority of maternity patients who lose their lives die from lack of care that we know perfectly well how to give. Not care that is experimental, but care whose efficacy has been proved. In short, they have died from neglect!"

Much has been said about the "spectacular" results obtained by the Maternity Center Association in giving care to nearly 5,000 mothers in one district. The results show that the maternal death-rate was reduced 66 per cent; the still births 42 per cent, and the infant deaths in the first month 32 per cent—besides restoring to the community a group of healthy, happy babies and numerous strong and satisfied mothers, fully able to cope with the problem of the new child in the home. There was absolutely nothing mysterious about these results. They can be obtained wherever the same organized effort is made. From far and near come similar reports—from Fargo, North Dakota; Mansfield, Ohio; Marion County, Oregon; and many other places, where nurses are playing an important rôle in the service which saves mothers' lives.

We all know that every pregnant woman needs medical and nursing supervision from the beginning of pregnancy until her final examination, six weeks after the birth of her child. But that is not enough. Everyone outside of the medical and nursing profession must know it too or the need will not be met. Every nurse can help to spread this knowledge and to secure this care for the expectant mother.

Among us there are many leaders—prominent women who can talk convincingly. Let us urge them to talk with doctors, hospitals, women's clubs, the Y.W.C.A., the Y.M.C.A. (for men are equally affected by this life-saving service), Rotarians, Elks, Masons, Lions, and all the organized groups in our communities.* The state and local Departments of Health can do much, but it is only when doctors, nurses and lay people face this problem together and support and correlate the work of official and non-official agencies that the local maternity problems will begin to be solved.

HAZEL CORBIN

MAY DAY IS EVERY DAY

Like a large bead strung on a chain of smaller beads, May Day, as child health day, lends emphasis and prominence to the whole child welfare program. Cold weather, impassable roads, the trials of respiratory infections cease to handicap the nurse's work, and her clients' attendance at clinic and conference. Here she pauses to check over her list of expectant mothers, follow up delinquent babies, enroll the toddlers in preschool conference, round up the entering school group and check, for the last time before vacation, the condition of her school children—in short, May Day is a high spot in the health year. If the day itself is celebrated by young and old alike in the open air, if the importance of child health can be brought forcibly to the attention of the public through sound publicity on this day, so much the better. But let us remember that both teachers and nurses may, in the enthusiasm of the moment, devote too much time to plays and pageantry to the detriment of their regular schedule of work. After all, May Day is every day for them.

* Articles, stories, posters, suggestions for editorial comment, and educational literature for mothers and fathers can be obtained free of charge from The Maternity Center Association, 578 Madison Avenue, New York City.

Health Education for Preschool Children

By Winifred Harley
Merrill-Palmer School, Detroit

Editorial Note: Nurses who are working with preschool children frequently ask "How constructive are health songs, plays and pageants?" We believe Miss Harley's article answers this question in a more fundamental and satisfactory way than we had anticipated. We recommend it to all those who have the privilege of contact with little children.

THE significance of the word "health" has changed in recent years. It now means much more than it did formerly. We no longer limit it in meaning to a sound condition of the body. Rather, it implies for us also a sound condition of the mind and spirit—a healthy attitude toward other people and healthiness in our desires and in the way in which we face life and adapt ourselves to our own limitations and possibilities. Nor do we concern ourselves with health only when we are sick. It is something to preserve when we are well and to seek at all times—something to be studied and understood and enjoyed by all.

What then can we do to prepare the way for this kind of attitude toward health? It is undoubtedly a matter of education and preparation, and the best way to educate is to let the child learn by doing—to let the "good life" itself be learned by being lived.

Again, how early can we expect children to learn the importance of optimal health and to desire it and seek after it? In this and other countries the nursery school movement has done much to focus the attention of teachers, physicians, nurses, psychologists, social workers, and parents on the little child. It has made them realize that not only health education but all education should begin early, so that from the beginning the child's attitudes, desires, and habits may be set in the right direction. And if it is desirable that we begin early how can we plan for the child's health education?

First in importance is the planning and setting of the environment in such a way that the child may be guided by it toward the good life. This means that we must see that the child has adequate sunshine, light, air, food, sleep, activity, and play. If these necessities are planned for regularly from the earliest months the child will learn to expect them and to take them for granted. It is the uncertain, irregular, and spasmodic treatment of the standardless, happy-go-lucky home environment that leaves the child feeling insecure and unused to a regular, disciplined life.

Learning by Doing

However, it is not enough merely to place a child in as good an environment as we can plan for him. He must be guided gradually to assume responsibility for the right use of his environment. Certain adaptations must be made for him so that he can learn by doing. While he is learning to feed himself he needs suitable dishes, a spoon that he can handle, and a small table and chair where he can sit in comfort. He should be provided with a means of reaching the toilet and the washbowl himself. A small, steady box or a pair of small steps will meet this purpose. In this way he will gradually learn to become responsible for his daily needs. He can learn to flush the toilet, turn the faucets off and on, and hang up his own towel. It is the child's participation and coöperation in the simple activities of life that help him to develop an attitude of pleasure and joy toward them. Tom, aged three, came from a crowded London area into a little nursery school where he soon learned to fill his washbasin, wash himself, dry his hands, and hang up his own towel. He was so impressed with this procedure that he went home and demanded a towel for himself and insisted upon washing

himself frequently, to the great astonishment of his father and mother.

There are many simple duties that a young child can be given. They will help to develop responsibility and a feeling of growing ability and importance. He can learn to pour his own milk, for instance—and should he spill it he should learn to expect, not a cross look, but to get a cloth and wipe it up himself. He can help to lay the table for meals, to dust the chairs and tables, and to push the sweeper over the carpet. He can help also to prepare his own and the family's food by washing the carrots and potatoes and spinach. This participation in the work of the home, as in that of the nursery school, means an added interest and joy to the child in developing those desirable habits and interests that make for the good life. At these ages young children are often capable of an interest and a responsibility for their daily regime with which the adult would hardly credit them. An incident that happened in the Merrill-Palmer nursery school will illustrate this point. Johnny, aged three and a half, was overweight, and the nursery school and his mother had decided to omit his second glass of milk and his second sandwich at lunch. One day a new student sat with him at lunch and was about to pour a second glass of milk for him. "No," said John, with a wistful look in his eye, "I am to have only one glass of milk and one sandwich."

In both the nursery school and the home many matters of daily routine offer educational opportunities that are not made full use of. For instance, in every nursery school each child is examined by a nurse when he arrives in the morning. At this time—in many nursery schools, at any rate—the child brings to the nurse and the nursery school teacher a home report, showing what he had for supper, how long he slept, what he had for breakfast, and whether he has had a bowel movement. There is here an excellent opportunity to comment upon the child's record. Tom has a regular bed hour; he is in bed every night at seven o'clock. Mary has a bowel movement every morning before coming to school. John drinks water every morning when he gets up. Why did Elsie not eat her supper? By this simple method of interest and suitable comment the children become interested in new goals of attainment in health habits. They soon learn in the nursery school that a red throat and a running nose mean isolation from the other children because there is danger of giving them colds or something worse. And how desirable it is that we should learn this simple fact and not be so ready as adults to spread minor infections!

The matter of most importance, then, in the health education of little children is the provision of an adequate environment—and not the least important factors in such an environment are calm understanding adults—and then the provision for the child to assume responsibility for his own health regime by allowing him gradually to participate in as many as possible of the activities that make up the routine of daily life.

"REASONS FOR THINGS"

However, besides carrying out these principles at the Merrill-Palmer School, we wondered whether it would be possible to give even these young children some reasons for their health regime, so that they might understand it and coöperate intelligently in carrying it out. Could little children of these ages learn anything about why they should eat spinach and egg and why they should drink water and milk? People are often too ready to give children foolish reasons, such as "Crusts make the hair curl," and "Fish is brain food." We wanted, if possible, to present the true reasons in such a way that the child himself would find the knowledge interesting and useful.

At present a great deal of the health education in the schools is carried out by means of health plays, songs, and games. It seemed to us that this method probably meant that a good deal of time was wasted in learning plays and songs about Violet the Vita-

min and about Milk Fairies—not only because the time might presumably be better occupied with plays and songs of real literary beauty and dramatic value, but also because many of the plays and songs so color and decorate the health facts that the simple facts themselves are lost. In the following verse,

Won't you come and dance with the vegetable men
In the field where the green things grow,
With carrots, turnips, beets, and the little onion men,
And cabbages all in a row?

there is no mention of the simple fact that these vegetables are to be eaten!

SOME ESSENTIAL FACTS THAT CAN BE TAUGHT

What, then, are some of the simple facts that little children can learn about such important matters as the value of water to the body, both internally and externally, the value of milk for growth, the importance of masticating food well, the reasons for eating vegetables, the value of such fruits as prunes and tomato juice, whether we should eat candy, and the importance of sleep, sunshine, and good posture? It is impossible to deal with the possibilities of all these subjects in this brief article. Let us take one subject, then—vegetables—and show what we tried to do in teaching small groups of nursery school children some of the essential facts about the properties of vegetables as they are related to health.

In this, as in other matters, no formal instruction can or should be attempted with little children. Rather, talks and questions must center around an activity or interest of the moment. Thus, the time to discuss the matter of what candy does for us and the best time for eating it is when Betty brings a jar of candy to school and wants to eat it and pass it to all the other children. Similarly, the care of pets in the school or the home offers an excellent opportunity for many discussions of the kinds of food animals and children need.

Here are some of the simple facts about vegetables which we presented to the children:

1. Some knowledge of the different vegetables—their names, appearance and growth, and the different parts of the different vegetables that are eaten—*e.g.*, the roots of carrots, the leaves of cress and spinach.

2. The importance of vegetables for growth and that they contain vitamins that help children grow in height and weight.

3. That vegetables contain calcium, which is important in the development of the bones and teeth.

4. That vegetables contain cellulose, a coarse material that helps the body to get rid of waste.

5. That vegetables contain iron, which helps to give us rosy cheeks.

There are many ways of interesting the children in vegetables and familiarizing them with their appearance and value. The opportunities offered by the care and observation of pets have been suggested. The planting and growing of vegetables does not offer the same intrinsic interest for the young child. Most of them take a long time to grow and the children are likely to lose interest in the intervals between planting, cutting, and eating. Mustard and cress, however, are good for this purpose because they can easily be grown in the schoolroom or the window box of an apartment and because they grow quickly and are ready to cut and eat on about the thirteenth day after planting. The children enjoy these greens as a filling in sandwiches.

Both in the nursery school and at home the child may help prepare the vegetables for his own dinner. The washing and scrubbing of carrots and potatoes and cleaning sand from the leaves and stems of spinach or cress are activities that children of preschool age love and that are well within their range of ability. These activities add much to the interest of the daily meals and help to give the child an intelligent interest in his own diet and its influence upon his growth.

There follows in conclusion a stenographic report of one of the little talks with a group of the Merrill-Palmer children. It may serve to illustrate how children may be led to express their knowledge of and interest in such subjects and the kinds of comments

they may be expected to make at these ages, though it gives little idea of the happy group of children as they busied themselves with the work of scrubbing the carrots and waited eagerly for their arrival on the dinner table a little later.

TALK WITH THE CHILDREN BEFORE WASHING CARROTS FOR DINNER

(The children were sitting in a group on the floor)

Miss H: You remember what we did yesterday?

John: Shelled the eggs.

Miss H: We helped prepare the eggs ready for dinner. Now today we're going to help prepare our dinner again.

Paul: We washed tomatoes.

Miss H: [Taking the bowl of carrots in her lap, held up a carrot for the children to see.] This is what we're going to prepare today.

Paul: Carrots.

Several children: Carrots.

Miss H: Where do carrots grow?

Paul: In gardens.

Allan: We bury them in the ground.

Miss H: That's right, Allan, part of the carrot is buried in the ground.

Tommy: It grows up.

Miss H: Which part grows up? Which part grows down?

Patty: The point.

Miss H: It does not come out of the ground looking like this. [The carrot had no green top.] It has lovely green leaves on top. This part grows way underneath the ground. It is a root. And up here are the pretty green leaves. Why do we eat carrots?

Patty: Make us big.

Miss H: What else do we eat to make us grow?

Several children: Tomatoes, peas, beans.

John: And cress.

Tommy: Makes us strong.

Paul: Makes us big.

Miss H: Why else do we eat vegetables, besides to make us big and strong?

Patty: What?

Paul: I don't know.

Betty Ann: Big and strong.

Miss H: Carrots contain a coarse material.

Paul: Makes our bowels move.

Miss H: Yes, carrots have a coarse, rather rough material in them that makes our bowels move. Carrots do something else for us too. Do you remember what we said eggs did?

John: Makes rosy cheeks.

Miss H: Yes, that's right. Carrots also have calcium in them, which makes our bones and teeth strong. When do we eat vegetables?

Allan: Night and noon.

Miss H: Miss S. gives us vegetables for dinner.

Bobby: And eggs.

Miss H: Considering that the carrots grow in the ground, what must we do to them before we eat them?

John: Wash them and peel them.

Miss H: They must be washed and scrubbed. They must be clean. Who else likes carrots—do you remember?

John: The rabbit.

Miss H: Do you remember the story I told you? Who was it that ate up the rich man's garden—his cabbage, lettuce . . .

Bobby: And carrots.

Miss H: Yes, this man had all these vegetables growing, but never ate them, but the rabbits came and ate them. [Here the story "About Bunnies," published by Volland, was told to the children.] Now we'll use these magic nits to scrub the carrots. [The children took turns at cleaning the carrots.]

(Comments heard later at the dinner table)

Betty Ann: These are the carrots we fixed today.

Priscilla: [Finished eating her carrots first.] My carrots are all gone.

John: [As dinner was brought in.] I see carrots. I bet those are the ones we fixed today.

Allan: I like carrots a lot, don't I? I like carrots a lot.

Child: [To Miss H. as dinner was brought in.] Are these our carrots?

Miss H: The very same carrots. I wonder how they taste.

Infant and Preschool Age Clinics

By Helen Chesley Peck, R.N.
Executive Secretary, Infant Welfare Society of Minneapolis

Poster made by a school child
Courtesy of the Minnesota Public Health Association

WE in the Minneapolis Infant Welfare Society cannot see why there should be any difference or separation made between clinics for infants over and under one or two years of age. Seven years ago we raised the age of discharge from clinics from 2 to 3 years of age, the next year we raised it to 4 years and the next to the time when the child enters the public school. The mothers are told on admission to clinic that they will be expected to bring the new baby regularly until he enters school, at which time he will receive a diploma and be transferred to the school physician and nurse. The diploma reads:

> This is to Certify that..... has regularly attended the Preschool Clinics of the Infant Welfare Society of Minneapolis and is now graduated to the supervision of the Public Schools at the age of .....years. Height..... Weight.....
> Signed.....

Each year it is gratifying to find that more and more children remain in our clinics until they are of school age.

Our routine in Minneapolis requires a mother to bring her new baby every month during the first year, every 2 or 3 months during the second year, and thereafter it is considered adequate for a child to have a physical examination once in six months. *No child is admitted to clinic without a complete physical examination.*

When we made the first change from 2 to 3 years as the age of discharge, we felt it necessary to have something by which we might determine the child's progress other than physical, since our last diet card for the two year old child is simply "suggested means for children from 2 to 6 years." So we evolved the "Progress Record." * But we immediately realized that habits are established long before the child is 2 years of age, so that almost from the start the progress record has been written up for the first time when every child is one year of age.

We feel that a "once in six months" contact is too infrequent for most mothers, so the routine is for the nurse to take the progress record into the

* For detail of this record see The Public Health Nurse for June, 1930. To this 1930 record should be added *Personality: shy or timid; fears; negativism; day dreams.*

home at about the half way interval (3 months) between the six months clinic examinations.

An interesting feature of this plan of admitting babies and preschool children to the same clinic is that the mother frequently comes to clinic with another new baby before the first or second baby is discharged. When both children are due, according to schedule, for examination she brings them both. Both children enter the doctor's examining room at the same time and the doctors appreciate seeing the two children together. The examination of each child is equally complete and the nurse's instructions following the doctor's examination depend on the age and condition of the child. If the older child is not due for an examination and the mother cannot leave him at home, she brings him along with the baby, but he must amuse himself with toys provided by the clinic.

In short, we see no reason for not having all age preschool children together. The method saves time for the Infant Welfare Society and for the mother. It is cheaper for the Infant Welfare Society and for the mother, and it also presents better opportunities for mental hygiene teaching. "You will understand the new baby better than you did Johnnie." *

LEADING ARTICLES IN THE AMERICAN JOURNAL OF NURSING FOR MAY

Sympathectomy in the Treatment of Various Diseases	Winchell McK. Craig, M.D.
Achievement of Form in Charting	Nan H. Ewing, R.N.
Student or Graduate Service—A Comparative Study	Esther Thompson, R.N., and Phoebe Gordon
Personal Experiences as a Camp Nurse	Vera E. Slipp, R.N.
Care of Children with Eczema	Sister Grace, R.N.
Ward Content—Its Analysis and Use	Dorothy Minette Sewell, R.N.
Some Aspects of Nursing in Poland	Mary M. Roberts, R.N.
Urinalysis as an Index of Health	Robert A. Kilduffe, M.D.

MAGAZINES WANTED

So many requests for the February, 1931, number—First Industrial Number—have been coming in, that we find ourselves making an urgent request for them. Any copies of this issue which can be spared will be welcomed by us. January, 1931, is also wanted.

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* For children from 2 to 5 years of age who show definite behavior problems The Infant Welfare Society of Minneapolis has a special Mental Hygiene Department with a mental health worker in charge. There are less than 300 children registered in this group. This department must not be confused in any way with the general work as outlined above.

A complete set of all printed material published by the Infant Welfare Society will be sent upon receipt of sixty cents.

The editors will welcome discussion of this plan of combined clinics.

Educational Play Materials for the Preschool Child

By Mabel H. Robinson
The Garfield Nursery School, Detroit

SOME time ago I read a statement to the effect that we are just beginning to discover toys. The author stated that in our grandmother's time, toys were employed simply to amuse or to quiet a fretful child, or perhaps as a reward for good behavior over a period of time. Toys were regarded as childish things which it was hoped would soon be put away — the sooner the better.

Our modern point of view regarding toys is quite different, and more and more we are realizing the great educational value of play materials in the child's early years. Toys play a very real and important part in the mental and social development of young children as well as in their physical development and well-being. Play is the serious business of childhood through which the preschool is getting acquainted with and adjusted to his environment, and playthings are his tools. Through toys the child is acquiring skills which will be of value to him all through life. Through play he forms many habits and acquires attitudes that become a permanent part of his life. As one author briefly stated, "As he plays, so will he live."

Upon parents and others supervising the child, rests the responsibility of so guiding his play life that it may yield rich results in later years. By providing the right kind of play material, parents may help develop in the child such desirable habits as wholesome busyness, love of real achievement, perseverance, concentration, reasoning, self reliance, economy, orderliness and resourcefulness. Many interests which start as play may carry over into beneficial hobbies in adult life.

Play materials need not be expensive. Many adults make the mistake of thinking that very expensive and elaborate toys will please the small child best. This is seldom the case. Usually the very simple, even crude material furnishes more opportunity for creative effort than the more expensive, elaborate toys. For example, an elaborately furnished doll's house is so complete that creative play possibilities are limited. On the other hand, a plain wooden box may furnish great delight and creative activity on the part of the child in making her own doll's house and furnishings with the help of an adult.

The following are a few guiding principles which will be helpful in selecting the right toys. First—Make sure that you choose a safe toy with no sharp edges or corners to injure the child, or parts that can come off and be swallowed. The hygienic standard is important also. Washable toys and equipment are preferable. Many toys are attractively colored but with poor paint which comes off easily. Toys should be durable, strong, well made, the kind that will stand the rough and awkward handling that a child gives them. It is hard for a child to see a toy of which he is fond, break after a few days' play. Cheap, poorly constructed toys which are broken easily may foster in the child the habit of carelessness and extravagance and encourage him to feel, "Well, I don't care, I'll get another."

Another important test of a good toy is "What can the child do with it? What can he make with it?" Do not choose a toy that can be used in one way only such as a mechanical toy that performs one trick over again and again, and requires of the child nothing but winding. Such a toy may interest the child for a time, but he soon becomes tired of being a spectator and pulls it apart to find out "what makes it go." A child who is only satisfying natural curiosity is often called destructive. Give him a toy with which he can do many different things, a toy

that changes the situation, such as blocks, nests of boxes or trays, sand or modeling clay, one which satisfies his desire to take apart as well as to put together.

Another important point to consider when selecting a toy is "Is the toy suited to the child's age and interest and development?" No matter how good the toy is, it may be useless if given at the wrong time. A Meccano, however valuable for the six or seven year old, would be of little value for the three or four year old, and again, the beautiful, breakable, life-sized doll which would be properly enjoyed by an older child is not at all suitable for the needs of the toddler.

For an all-round development a child needs a toy or two from each of several classes of toys. He needs toys to promote vigorous physical activity, toys called sense developers, toys for manipulation and experimentation, toys for construction and others for dramatization and imaginative play.

Below are listed some of the play materials found valuable in the nursery school according to the various types of activity they provide for the child.

PLAY MATERIALS FOR PHYSICAL ACTIVITY

For vigorous out-of-door play, wagons, kiddie cars, tricycles, sleds, wheelbarrows are excellent. A jungle gym or a fence, ladders, trees, steps, stimulate wholesome exercise in climbing. Packing boxes and boards provide means for climbing also, as well as much creative and dramatic play. Hanging rings, trapeze swings and see-saws can be improvised at home or school at very little expense. A box of sand with toys for digging, such as spoons, shovels, spades and cans or pails is almost indispensable. Large rubber balls and bean bags for throwing are also good for out-of-door play.

TOYS FOR MANIPULATION AND CREATIVE PLAY

A child's impulse for manipulating needs an outlet, and so-called destructiveness on his part may be avoided by providing him with proper materials for construction. Give him blocks of all sorts and sizes with which to build towers, houses, tracks, or walls. Large blocks or boxes with boards present endless play possibilities.

Give him scissors with blunt ends, old magazines from which to cut pictures. He is naturally fascinated by watching adults use scissors and if his desire to cut is satisfied with paper and safe materials, he will learn how to cut and what he may cut. Curtains, bedspreads and articles of value are less likely to be experimented on if he is otherwise provided for. Give him drawing paper or wrapping paper with crayons and pencils for scribbling and drawing. Teach him where he may mark and write so that walls and books will not be marred. Scrap-books may be made from wrapping paper; paper dolls and animals cut from it, and hats and other articles folded from it with the help of adults.

Painting on large sheets of paper is a splendid way of encouraging self-expression. A low easel of simple construction may be made at home or a piece of beaver-board or wall-board used as an easel to which the child may thumb-tack his paper. Give him a small jar for each color and a brush for each jar. Hammer, nails and odd pieces of soft wood, clay or plasticine for modeling, blackboard and chalk, peg boards and pegs, large beads for stringing, bubble pipes, puzzles many of which can be easily made at home, are other materials that encourage the child's efforts in construction.

PLAY MATERIALS FOR DRAMATIC ACTIVITY

Children two to five years of age like to imitate the activities they see about them. They want to do as adults do—sweep, wash dishes, carry dishes, set table, dust, and make beds, work about the garage and garden. Imaginative powers also develop rapidly at this age. Dolls and doll furniture, dishes, laundry sets, kitchen utensils, dust pan and brush encourage housekeeping imitative play. Trucks, engines, trains, telephones, boats, and airplanes stimulate social and dramatic play. This is the time when the child should form the

habit of helping. He enjoys being a help and is learning the good habit of thoughtfulness and of doing careful work.

In addition to toys for imaginative play, the child needs to have many suitable stories and rhymes read to him and picture books of his very own to handle.

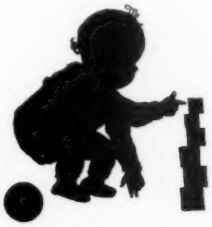
Having a convenient place to keep his toys is just as important to the child as having the right kind of toys. Every child should have a place of his own—a corner, a box, a cupboard, a shelf or two, a bureau drawer, a closet in the attic or barn or basement, or a room of his own. In small houses and apartments a separate room is often not possible. As a substitute a wooden box may be fitted with castors and pushed under the couch or day bed in the living room when not in use, or an orange crate may be used as cupboard. This can be attractively curtained or painted, and provides at least two shelves. By these means, the child may be taught to feel responsible for keeping his toys where they belong.

Give the child only a few toys at a time. In this way you teach him to attend to the business at hand. Too many toys are distracting, overstimulating and cause fatigue. Angelo Patri suggests that the toy store of the family ought to be so administered that there is a rotation of toys, thus providing to the child a stimulation of different interests, an ability to be content with a little and to make the most of that. Patri says "Put away all but a few toys until he seems to need new interests. Then change off. It is surprising and pleasing too, to discover that an old toy brings new joys."

It is not at all necessary to spend a large amount of money for playthings if they are chosen with care and thought. Toys should be supplemented with articles found in every home which make excellent play material for the child. We must recognize the value of simple home material as play objects. Spoons, and pans with covers are most intriguing to the young child, as well as spools, clothespins, a string of buttons, a bunch of keys. Empty boxes, bits of lace, ribbon, string, cloth, pieces of cardboard, picture post-cards, Christmas cards, wrapping paper, jars with screw tops, are all things that children treasure.

Many playthings can be made at little or no expense by adults in the home. Wagons, and various pieces of doll furniture may be made from boxes. In our nursery school some very attractive little doll beds were made by older sisters of some of the children, using cigar boxes with a clothespin at each corner for posts. These were gaily painted and were very durable. These same girls made excellent puzzles by pasting attractive pictures on thin pieces of wood and then cutting these into various pieces with a scroll saw. Empty kodak spools of various sizes secured from the drug-store and painted in gay colors proved to be a very interesting bit of play material. They were used in combination with blocks in building, and for rolling.

With a reasonable expenditure of money, with thought, careful planning and some ingenuity in utilizing simple, inexpensive, available material, it is possible to provide for the child "play material that will meet his needs, interests, and capacity at a period when the play impulse is dominant and fraught with the highest educational possibilities."



Courtesy of the Henry Street Visiting Nurse Service

The Nurse's Place in Industrial Health *

By William A. Sawyer, M.D.
Medical Director, Eastman Kodak Company, Rochester, N. Y.

WE are living in a world in which change and growth is both rapid and far reaching. Even the field of medicine is by no means immune. Every phase of medical activity is being fundamentally affected by the influence of prevention. This, together with the newer public health and applied psychology on the one hand and the impetus added by industrial expediency and capital on the other, are not a little disturbing to the age-old conservatism of organized medicine, and bids fair to revolutionize it.

The other evening I had the pleasure of hearing Dr. George W. Crile of Cleveland speak on "Medicine of the Future." He believes that in a few decades the average intelligent person will know as much about his body as does the physician of today. The conservative type of person is, of course, opposed to any change and this is just as inevitable in medicine as in any other field. But times change and inevitably we change with them. As an observant old-timer expressed it, a ford used to be a place where one crossed a stream—now it's everywhere you try to cross the street.

Dr. Walter B. Pitkin, Professor of Journalism at Columbia University, and formerly American Editor of the Encyclopedia Britannica, says, "The absurd economic depravity of the average physician is the consequence of the western world's idiotic attitude toward medical practice. We have looked upon doctors as retail competitors in the sale of drugs and healing advice. We have kept them in the status of petty business men where, as a matter of simple common sense, we ought to have considered health as a public utility paramount to water, gas, electricity and transportation."

And we are indeed uninformed as to the significance of the age in which we live if we cannot see that, personal desire or past procedure to the contrary notwithstanding, public health is in the way of being considered a public utility. Degenerative diseases are on the increase and for these, the solution is certainly prevention—further evidence that the medical practitioner needs to readjust to a new goal. Again, how can the medical profession so organize as to provide "the delivery of adequate scientific medical service to all the people, rich and poor, at a cost which can be reasonably met by them in their respective stations in life." These are problems receiving an unusual amount of attention these days.

The Challenge of Prevention

Dr. Louis I. Dublin, Statistician of the Metropolitan Life Insurance Company, has made the statement that an expenditure of $2.00 per capita per year to educate the public in matters of health and to fight preventable disease would reduce the annual death rate two points per thousand and increase man's life expectancy by five years. These extra five years would add a capital value of about six billion dollars to America in the form of added working and earning power. The Metropolitan experts declare that half of the present illness is preventable. This challenges organized medical and health groups and ought to mean tremendous changes in their functioning. On the west coast of this country, certain medical groups are planning to set up a large medical and surgical service whereby those earning less than $2,500 yearly may secure for $2.00 monthly all diagnosis, treatment and hospital service. Dr. Pitkin, above referred to, predicts that the great hospitals of the future will be owned and operated by the life insurance companies and the lesser

* Presented at the N.O.P.H.N. General Session, Biennial Convention, Milwaukee, Wis., June 12, 1930.

ones by large industrial corporations because a life insurance company *makes* money in keeping people well and an industrial concern *saves* it in keeping people well.

Since about 1911, when many of the first compensation laws were passed, industries of the country have found it necessary to meet this new responsibility. Most of the successful and well-managed organizations have been adding to their interpretation of this necessity until many maintain completely staffed plant hospitals and finely equipped medical departments. This medical work in industry—or Industrial Medicine—ranges from just a nurse in the smaller places with possibly a physician on call or attending part time, to the larger units above referred to. The ideal arrangement seems to exist, when in addition to taking care of plant emergencies, every practical effort is made to diagnose and advise, directing the employee with a report of the findings to his own doctor, or a clinic, for further investigation or treatment, as may be indicated. In other words, doing all possible as far as diagnosis is concerned, for it is diagnosis which because of its scientific necessities costs so much, leaving treatment and care to the private practitioner or the hospital. This is a crying need of thousands of our workers. It would mean the elimination of many minor ailments and defects before they become too troublesome. No better program of prevention can be devised than by frequent examinations which discover early trouble in the so-called "well enough," plus information which tells how to have these things cared for and avoided. The Endicott-Johnson Shoe Company, by adding only a few cents to the cost of each pair of shoes, not only gives a complete medical and surgical service to its employees but extends it to their families as well. Some industries are years ahead of the procession and others are still bringing up a tardy rear. Very often this last situation occurs because the management has not become acquainted with the possibilities. Sufficient pioneering, with the recording of experiences and the standardizing of conclusions, has been done. Through the American Association of Industrial Physicians and Surgeons, the Conference Board of Physicians in Industry, the National Safety Council, the Metropolitan Life Insurance Company, the Industrial Hygiene Division of the United States Public Health Service, many State Departments of Labor, and others, numerous reports and articles may be secured. To keep in touch with the best thinking on this subject is of great importance. In this connection, I suggest that you read, "How Necessary Is Illness?" in the June (1930) *Atlantic Monthly*. The author raises the question, "Why is the medical profession making so little progress in raising the level of health among our people?" He describes those things being done in certain European countries, far in advance of our ideas, and gives a very good survey of the situation here.

PREPARATION FOR THE JOB

So much for a brief sketch of some of the hopes and expectations of medicine and public health of the future. It helps to give us a setting in considering the variety of opportunities for a nurse in industry.

After graduation should come private duty experience for a short period at least. This should always be a requisite for any public health position, be it in visiting, bedside nursing, clinics, school or industrial service. As a private duty nurse, she is concerned and trained to deal with the sick. Unfortunately nursing schools, like medical schools, do not give much consideration to the supposedly well or normal individual. Training is directed principally along the lines of pathology and disease.

When a graduate nurse enters the public health field and particularly the industrial nursing field, a new opportunity presents itself, for here emphasis is being placed on keeping the so-called well people well, thus preventing much needless disease and disability. Here health is a positive thing and its maintenance, by avoiding sick-

ness, is the goal. In industry we deal for the most part with so-called well people, endeavoring to educate them to better ways of living by taking care of little ailments or defects before they become serious. Here we see disease in its earliest beginnings, much earlier than a nurse ever saw it in the hospital or in private duty work.

In the examinations of applicants for work, the nurse has her first contact with the worker. If she is doing her task in the best "human relations" fashion, she will want to make this rather trying experience as pleasant and profitable as possible for the employee. Usually the nurse makes the preliminary tests and records some of the history. By her manner she can put the individual at ease, secure from him truthful information and lay the foundation for future happy relations. Later when this employee is seen about correcting the physical defects found, the nurse again exerts her good influence in explaining the importance of having such things taken care of. Teeth, tonsils, eyesight, weight, blood pressure, habits, etc., are all deserving of attention. It is an educational and confidential adviser's job. I have seen nurses take great delight in getting an individual to do things that everyone knew were necessary and wise. Overcoming natural resistance due to fears or ignorance, sometimes due to cost, is always a victory that gives a thrill—if she is interested in people sufficiently and has the patience to labor with them sympathetically and forcefully. This sort of thing is not what the nurse learned to do in the hospital while in training but it is a thing for which her training and previous experience in the hospital were a splendid background. With it she should have an understanding and appreciation of human tendencies and weaknesses which enable her to handle effectively the many individual problems which confront her.

ATTITUDE TOWARD THE JOB

It is the practice in industry to have employees go to the nurse with all manner of small complaints and ailments—very insignificant things she may think at first, but really most important because, as she sees these same people again and again, she will come to realize that here are the potentialities of what later may become very big and serious difficulties. We all know that most people do not visit the doctor until they are really sick and they seldom have a chance to see a nurse unless it is in the hospital. It costs good money to go to the doctor and naturally it's an expense to be avoided as long as possible. But in industry, if someone comes to the nurse repeatedly for a headache remedy, she will make inquiry, refer him to a private doctor to have that headache, which is a warning signal, investigated. No telling what may be avoided by correcting the cause. It may be an ailment small now, but a thing which may eventually lay low the wage earner of a family. Again and again the nurse will have many opportunities to advise, to teach and counsel. It is really so much more satisfying than just patching up one who is oftentimes beyond real, permanent help.

In the treatment of those injured at work, the nurse of course experiences the sort of work she saw in the hospital, but even here a new attitude is apparent. Effort made to bolster up the mental attitude often prevents disability of the mind. Dr. Foster Kennedy of New York City has drawn attention to the well-known fact that the amount of trauma is no measure of the amount of neurosis which may develop. Oftentimes the less the trauma the greater the neurosis. We must remember that many times workers are more solicitous about their jobs than about their health. Either because of wrong handling at the start, unwise remarks by the doctor or nurse, or because the one injured is inherently susceptible to such end results, these unfortunate cases develop. By prudent sympathy, constantly keeping in mind the return of the injured one to a good functional working capacity in a reasonable time, taking advantage of occupational therapy and rehabilitation procedures, the disability may be shortened and ultimate cure made more

certain and prompt. Here massage, baking and other physical therapy give the nurse her great chance to see what first seems a hopeless invalid changed to a completely rehabilitated individual. Repeatedly I have seen cases come around in a most miraculous manner, due entirely, I believe, to the mental attitude and determination of the nurse. Oftentimes the personality and whole emotional slant of such individuals are changed. They are less fearful, more self-reliant, neater about their person and always loyal supporters of the medical work. This surely is glorious achievement. Here the doctor is helpless without the right nurse.

Perhaps the nurse in industry may find herself in a home visiting position or it may be a combination of inside and outside work. In a visiting position she takes on more of the attributes of a social worker—certainly she is the better fitted to tackle such a job if she has at least an understanding, or better still, some actual training or experience in social case work before she goes into industry. Usually the visiting does not include bedside nursing. It is chiefly a friendly call to determine how sick the worker is and what advice may be given in assisting the worker to get back to health and his job. Here, rare diplomacy coupled with keen insight and analysis of the situation are the requisites. It is no simple door-knocking and "how-do-you-do" job, but one in which some knowledge of psychiatry and psychology both play a part. Many important situations arise calling for tact, discernment and sound advice. Here is an educational opportunity for the most avid.

VITALIZING ROUTINE

I know there are so-called finger wrapping jobs. I have seen them. I would not want to be aligned with such a situation nor would any progressive nurse, I am sure. Usually, however, most of these finger wrapping jobs can be developed into something more. Even when a nurse is but one of a large staff and only does dressings of one kind, she can make of her job, I believe, something more than a purely mechanical, repetitive task. If she is interested in those people she does things for, believes in herself and the cause for which she labors, and has something more than the average person's understanding of life, she will begin to see the pleasure and value in just a friendly smile or a cheery word. Nurses often make reputations on such things and a pleasant personality alone puts her above the average. Added to this, a query about the job, the family or their health, with a sage bit of advice, or any one of a dozen things such as an explanation of why one should care for his health or why one should drink more water or get more sleep—and you have indeed raised a humdrum thing to a calling. The nurse who finds zest in her work is one who is constantly trying to solve the riddles of life, who reads voraciously of the things that enlarge her vision and sphere of understanding and who in time finds satisfaction and value in transmitting some of this to those less fortunate. Is this more than private duty care of the sick, is it more than most public health jobs? It is something definite and concrete—a program which conserves and builds.

PHYSICAL AND MENTAL FITNESS

What of the physical and mental requirements? For be it understood that not every training school graduate with some private duty experience is fitted constitutionally or otherwise to do a real job in industry. It requires, as you have perhaps sensed, something more than the mechanical carrying out of the doctor's orders. I classify the necessary attributes for a successful industrial nurse under physical, personality and professional qualifications. While physical attributes are not always the criteria of the success or desirability of a nurse, yet they are important. Who is not impressed by one who typifies abounding health? Not only should the nurse in industry have this as an inherent quality, but she should know something of its components, how to maintain and improve it, for in her industrial contacts the

transmitting of what she is herself to those whom she serves is the very essence of her power and ability. And, of course, this requires mental and emotional poise as well as mere physical functioning. Indeed, as one grows past the days of youth, the latter is largely dependent upon the former. As in all other "opportunities," self-control and ability to regulate and co-ordinate are essential. If one's own inner thinking, which regulates one's attitude and power, cannot be brought into accord with the attitude one feels the job requires, sooner or later the pressure becomes too great and various grades and kinds of failure begin.

In any job which deals with folks as individuals, emotional balance is a tremendous asset, indeed a necessity. Some constructive oversight of one's own poise is one of the most important habits to cultivate. It is important that the mind be given as much consideration as the body. Mental fitness is acquired through understanding the conditions of present day life and through understanding ourselves, recognizing our capacities and limitations, our assets and liabilities, and how to live happily with them or in spite of them. To keep mentally fit under present conditions requires definitely directed effort.

People are perhaps more often dominated by some form of fear than by anything else. If this is so, why is it not intelligent to acquaint oneself with this situation and work along on the constructive interpretation rather than the restrictive. Dr. Abraham Meyerson, Professor of Neurology at Tufts Medical College, has a chapter on Normal and Abnormal Fear in his recently published book, "The Healthy Mind," which anyone will find worth reading. He speaks of the "constructive side of fear." There is nothing so painful as fear and the whole history of life shows that pain can be constructive. It is a soft view of life that believes that pain can be banished from the world. Nature has placed in our bodies a mechanism for receiving pain, because pain when properly received and appreciated is a life-saving sensation, the great physiological means for self- and race-preservation. If mankind did not foresee as fear the pain of hunger, agriculture would never have developed. No fear of disease, no science of medicine would have evolved. Without fear of public opinion, deplorable acts would be much more common. He likens abnormal fear to atropine in its action upon various organs of the body and warns against the possibility of public health programs and personal health programs which, though in themselves virtues, may be turned into obsessions and superstitions. He warns against letting anything in life become the whole of life. Life is elastic, life varies from moment to moment and a feeling of freedom is allowable in all things in life. He points out that fatigue is responsible for a huge amount of fear. In spite of the fact that this is an age of astonishing labor-saving devices, probably more people are saying "I'm tired" than ever before, proving that much of fatigue is a mental state. Things too easy to get, tire and bore us, therefore temper your ambitions with some knowledge of your own capacity and ability.

To quote Dr. Thomas V. Moore, a psychiatrist of Washington, D. C.:

"We must learn that nothing real finds its ultimate end in ourselves. Our life must be conceived of as a contribution. The harder we work, the more we will contribute.

"But to what is this contribution made? To think that we have added to the possibilities of happiness, even in a few lives, is helpful.

"But if, beyond all temporal rewards, there are eternal values, if society has a final end, unseen indeed, but towards which it is ever advancing through war and pestilence and social conflict, and if this end will not pass with the passing of time, but by that very passing attain its eternal expression, then whatever the individual does in furthering the work of the social order, has absolute and eternal value. To realize this even as a possibility brings a new glimmer of hope into the disordered mind. To know it with the assurance of faith plants in the mind principles that dominate conduct and eliminate from the personality the malignant growths of egoism."

The Nurse Goes to Nursery School

By Ruth Gilbert, R.N.
Assistant Director, National Organization for Public Health Nursing

WHICH one of us has not turned away from a home which we have just visited in the health interests of the family, feeling that a satisfactory piece of work has been done with regard to all the members of the household with the exception of the preschool child? We have felt adequate and adept with the baby; have known the school children of that family over a period of years, and have the confidence of the parents. Skylarking about as we talked to the mother, however, was a small person who baffled both mother and nurse. He had been properly immunized against diphtheria and smallpox. His physical examinations were regular and satisfactory. Yet, before the questions of the mother with regard to him, or more often before her half-formulated complaints about his behavior, we stood almost empty-handed. Once or twice in the emergency we had resorted to generalizations which sounded in our own ears miserably like "neighborly advice" rather than sound recommendations. Part of our discomfort is born of the fact that we sensed the mother's vague disappointment when our talk about the family toddler netted little in practical results. She needed advice and stimulation which our training and experience had not equipped us to give.

Had that three-year-old been sick in bed, we reflect, we would not have been at a loss. Instead of that familiar situation, we have been confronted by the problem of an harassed mother at her wits' ends to know how to keep her energetic and robust child quiet for even a few moments.

It is no longer news to us that the preschool period is more than a mere hyphen between infancy and school age. White House Conferences; bills of rights; round-ups preceding school entrance, have given the preschool his due importance from the standpoint of public health. However, individually as nurses, we sometimes remain baffled. Hospital training has equipped nurses to care for the physically ill child but given us practically nothing relative to the child in his normal environment. Graduate courses in public health nursing are striving to fill the need but still can not sufficiently alter the fact that the preschool child safely in a crib within a glassed-in cubicle, and the preschool child on his feet with all the world before him, present alarmingly different problems.

BRIDGING THE GAP

To work out practical means for bridging this gap in training is not an easy matter. Graduate courses plus staff education are working toward the goal of understanding the child in his home environment. Once the individual public health nurse has an impetus in this direction and something more than a bowing acquaintance with the healthy preschool and his problems, she can amplify her information to advantage by reading—carefully selected from the mass of subject-matter which presents itself. She may also study with much profit the program and material of any local parent study groups. In at least one school for nurses—the Yale University School of Nursing—the need has been recognized. Students from the Yale School are affiliated for a few weeks' period with a local nursery school, at present the Cannon Nursery School.

Removed from an atmosphere of hospital beds, equipment and patients, and transplanted to a nursery school environment, one of the first sensations of which the nurse is aware is that of being huge and very much out of place among cots, chairs, tables and toilet arrangements approximately knee-high. Her "patients" are knee-high also. Formerly, too, she has been one of the

few moving objects in a ward where patients lay very quietly. Now she stands still in one place like a large, uncomfortable mountain, while small folk run, skip and hop (but never walk) about her. Also she must endure the appraising looks of many pairs of preschool eyes, and it means much to her whether that appraisal is followed by a smile or whether the child turns away distrustfully. One may flatter one's self on "always having liked children," but the amount of sheer panic that may attend the first few days on duty at a nursery school is proof of one's need for such experience.

The next reaction on the part of this transplanted nurse may be a feeling that she must "entertain" the children. One sees her out-of-doors during the morning and afternoon play periods instigating active games in a lively and animated fashion, and generally running herself ragged. She over-stimulates her group with the result that the children quarrel and cry with excitement and fatigue; she has quite taken away the initiative from the children themselves, and she has brought utter exhaustion to herself because of requests to "do it again."

These phases pass, and the nurse is ready to assimilate another type of training which will be of inestimable value to her no matter which field of nursing ultimately interests her most deeply.

REINTERPRETING "ROUTINE"

One of the most helpful contributions to nursing education of even brief nursery school contact is a reinterpretation of the meaning of "routine." Hospital routines have not been evolved with the individual patient in mind or with patients as a group solely in mind. Rather the day's routine is the result of the best planning possible for a large group of persons including doctors, nurses, and all the remaining force of hospital personnel—both day and night shift. The welfare of the patients, and as far as possible their comfort, is the primary consideration but further than that patients cannot be individualized without special service. Face-washing in the bleak dawn, and suppers in the heat of afternoon must be the rule. Routine means efficiency. It means ability to plan the day's work and to reach the hour of seven in the morning or seven at night as the case may be, with the many details in hand and the work of the ward accomplished. Nursery school routine, on the other hand, while it requires an equal promptness in carrying through the events of the day, implies an acquiescence in these plans of all the individuals that make the nursery school group. The group is not considered successful unless all are actively participating of their own volition.

Acquiescence of those concerned might be said to be the prime requisite of the best type of law and order in any group. Nursery school children cannot be coerced with good results; neither can adults or children of any community. The public health nurse who has learned that "routine" is sound only when it represents leadership—that of other members of the community as well as her own—will make her work become a vital part of that community. To quote Dr. Kenworthy and Mr. Lee of the New York School of Social Work*: "The task . . . is performed only when her patient, through her assistance, has been put in a position where he can realize his own purposes in life with the maximum satisfaction to himself and to others whose lives are directly connected with his own. The distinctive aspects of good treatment are not services performed for clients, not benefits conferred upon them, not programs worked out in their behalf, but the development within them of an ability to organize existence for themselves with minimum emotional cost."

During her affiliation with a nursery school, the nurse has opportunity to see in practical operation the rules for positive health which she has been taught academically. Here the constructive side of routine is so apparent

* "Mental Hygiene and Social Work," published by the Commonwealth Fund, New York.

that in later home-visiting it is possible to "preach" regular regime to mothers with the conviction born of observation. The nurse has seen for herself that preschool children will tolerate a regular rest period and will in most cases sleep; she has seen that children quieted before meals, eat more satisfactorily and gain greater benefit from their food; and weary though she may be from watching the toilet cycles of what seem like many children, she is rewarded when her charges begin to take this responsibility upon themselves.

HE "HAD FUN"

Recently the diary of a small boy was brought to light among family archives—a record which should bring a feeling of satisfaction to the parents of this child. In this "log," the chronicled account of each day closes with the phrase, "Had fun."

The children at nursery school "had fun" too although their days were filled with activities and responsibilities graded up to their capabilities, as well as with opportunities for free play. Many a mother—and many a nurse—has not learned that childhood fun and the right measure of responsibility are compatible. "Oh let him play; he'll only be a baby once," may well be the underlying reason for the harassed mother previously described. To feel assured that he is an integral part of the group at nursery school or at home, and that his services are needed, is a safeguard which lasts a lifetime.

Work and Play are twin sisters—identical twins, in fact. A knowledge of the principles underlying "nursery school technique" helps the nurse to understand this conception at least where it concerns the preschool child. Public health nurses who have familiarized themselves with the uses of play, and specifically with toys, will find this material a tool to their hand many times a day. Elsewhere in this issue of THE PUBLIC HEALTH NURSE is an article by Mabel H. Robinson of the Garfield Nursery School, Detroit, on this subject.

The neighbors told the nurse he was "queer"—this four-year-old boy who was never still for one moment; who ran away from home; who hid like a little animal in corners and under beds; and whose vocabularly would have been prized by a stevedore. Even the parents expressed a fear that he was "not quite right." But the situation in part was this: All doors and windows were fastened with trick locks to prevent the child from leaving the house; all toys were removed from him because he broke them; home life was a series of reprimands—and the father's vocabulary also equalled a stevedore's. The mental age of this bored, unoccupied child was found to be six years. It is seldom that as dramatic a change in behavior can be brought about by the nurse's knowledge of a child's need for development through directed play as in the case of this much misunderstood child, but the sum total of her efforts to give parents this type of understanding will be of even more value.

Whether we call it "understanding the principles of nursery school technique" or "knowing the whole child" or "mental hygiene for the preschool," the public health nurse whose equipment includes a grasp of that material, will be better satisfied with the results of her work. If she can have actual training experience in special application of the material, so much the better. Given the equipment, the nurse has an opportunity to develop continuity in her teaching not open to agents who work with special age groups. In touch, as she frequently is, with the entire family from the time of the first pregnancy, she can if she is thoughtful and well informed, develop an understanding of the preschool child on the part of the parents, which will be in the best sense a piece of preventive public health work.

Minimum Qualifications for Those Appointed to Positions in Public Health Nursing *

The following definitions of desirable minimum qualifications for persons appointed to public health nursing positions are offered in the belief that they can be met quite generally by the year 1935. It is obvious that a higher level of requirements has already been reached in certain official and volunteer health organizations, particularly in the field of experience with communicable disease, and for supervisors in the matter of academic degrees. Minimum qualifications will be advanced with the years as the quality of nursing education and practical training is generally improved. Those offered here must be considered as representing a stage in development and progress.

STAFF POSITIONS

I. *For the Nurse on a Staff Providing Well Qualified Nurse Supervision*

A. At least high school graduation or its educational equivalent as determined by State Department of Education.

B. Fundamental nursing education, namely:

Graduation from an accredited school for nurses connected with a general hospital having a daily average of 50 patients or more. Curriculum should include practical experience in caring for men, women and children, together with theoretical and practical instruction in medical, surgical, obstetrical and pediatric nursing. Such experience may be secured in one or more hospitals.

It is highly desirable in addition, that preference be given the public health nurse who has had training in communicable diseases (including tuberculosis and venereal diseases); psychiatric diseases and mental hygiene; and such specialties as diseases of the eye, ear, nose and throat; experience in out-patient clinics; and a two months' affiliation with some well organized community health agency.

These services may be given in the school, as an affiliation with another school of nursing, or as a postgraduate course.

C. State Registration

For those nurses not meeting the educational and professional requirements of the above outline, occasional exceptions may be made, if professional training or experience has developed a wisdom and judgment which is valuable in the public health nursing field.

II. *For the Nurse Working Alone—i.e., Without Qualified Nurse Supervision*

A, B, and C, as above.

D. In addition it is desirable that she have had:

1. At least six weeks' instruction in public health nursing, preferably in one of the recognized public health nursing courses, and one year's experience under adequate supervision; or
2. Two year's experience under adequate supervision; or
3. A public health nursing course endorsed by the N.O.P.H.N.

Occasional exceptions may be made for those not meeting this academic and fundamental nursing standard, but such nurses should have proved their ability before being appointed for positions where they work alone, and should be expected to meet requirement D.

It is of primary importance that every public health nurse have suitable personal qualifications.

* Prepared by the Committee on Education of The National Organization for Public Health Nursing and endorsed by the Public Health Nursing Section, the Committee on Training and Personnel, the Committee on Research and Standards of the American Public Health Association, March, 1931.

QUALIFICATIONS FOR POSITIONS AS SUPERVISOR OR DIRECTOR IN A PUBLIC HEALTH NURSING ORGANIZATION

I. *Supervisors*

It is expected that those appointed to positions of supervisory rank have the equivalent of the educational and professional background described as a standard for the staff nurse, namely:

A. At least high school graduation or its educational equivalent as determined by State Department of Education.

B. Fundamental nursing education — namely:

Graduation from an accredited school of nurses connected with a general hospital having a daily average of 50 patients or more. Curriculum should include practical experience in caring for men, women, and children, together with theoretical and practical instruction in medical, surgical, obstetrical and pediatric nursing. Such experience may be secured in one or more hospitals.

It is highly desirable, in addition, that preference be given the public health nurse who has had training in communicable diseases; psychiatric diseases and mental hygiene; and such specialties as diseases of the eye, ear, nose and throat; experience in outpatient clinics; and a two months' affiliation with some well organized community health agency.

These services may be given in the school, as an affiliation with another school of nursing, or as a postgraduate course.

C. State Registration.

D. At least one year's supervised experience in a well-organized public health nursing agency.

E. A public health nursing course endorsed by the N.O.P.H.N.

For those nurses not meeting the educational and professional requirements of this outline, occasional exceptions may be made if professional training or experience has developed a wisdom and judgment which is valuable in the public health nursing field.

In making promotions and new appointments to supervisory positions preference should be given to those with certain personal qualifications which though difficult to measure, are vital to her work, such as special technical skill in the field she supervises, ability to impart information, to win confidence of staff and to inspire voluntary requests for help; ability to delegate work with a fair balance in responsibilities assigned, and to stimulate initiative on the part of staff; ability to correlate work with that of other agencies in related health and social fields; breadth of vision covering both the aims of her profession and the work of her organization in relation to a unified community health program, with the initiative and imagination for developing new work.

II. *Educational Directors*

The Educational Director would need all these general qualifications together with advanced academic preparation including educational subjects if possible. It is especially important that in addition to proven teaching ability, she show signs of imagination so that she can fit her individual and group teaching to the immediate needs of her staff and to the broader developments in the community's health program. She, as well as the Director, must have the vision to be a few steps ahead of present practice.

III. *Directors*

The highest standard of qualification should be required of an executive director. She should have more than the minimum education required of her staff. It is desirable that she have an advanced academic preparation, preferably a college degree.

The Director's experience should include at least two years in a public health nursing service, emphasizing family service. In addition she should have had experience as a supervisor, and when possible, as an assistant executive director. She should have sound administrative ability to organize and direct the work.

Such a background would prove her teaching ability, her knowledge of technical skills, and her ability to cope with larger problems of organization and administration. Her distinctive contribution should be the ability to inter-

pret the needs of her organization and of the community to her Committee and Board members, and to be a leader in community health developments.

Florence Nightingale

May 12, 1820 August 13, 1910

This charming statuette which stands twelve inches high is produced by Miss Agatha Walker of Long Crendon Thame, Oxon, England. It represents Miss Edith Evans as she appeared in the play, "The Lady with a Lamp." We reproduce the picture here through the courtesy of the *Midwives Chronicle* for December, 1930.

The recommendation of the Empire Red Cross Conference that Florence Nightingale's birthday, May 12th, shall be observed as Red Cross Day has been adopted by the British Red Cross Society, and in future it will be celebrated throughout the empire on the date mentioned. The purpose of the day is to focus public attention on the work of the society; and branches in this country and overseas are to coöperate as far as local conditions permit by organizing flag days and holding demonstrations for the purpose of raising funds.

St. Thomas's Hospital in London has just received a very valuable and historic present. This is the covered cart which was used by Miss Nightingale in her work among the British troops at Scutari during the Crimean War. The cart is remarkably well preserved, even the hood and side curtains having been kept intact, and it is thrilling to realize the miles that this seemingly fragile equipage, with its slender wheels, must have covered on the battlefields of the Crimea. The presentation has been made by Mr. Shore Nightingale—a kinsman of the famous "Lady of the Lamp."

We are frequently asked for references on the life and works of Florence Nightingale. We are glad to append this list of reading. The books may be borrowed from either the National Health Library, 450 Seventh Avenue, New York City, or from the Hospital Library and Service Bureau, 18 East Division Street, Chicago, Ill.

Adams, E. C., and Foster, W. D. Heroines of modern progress. 1922. Macmillan, New York City. $1.50.

Aldis, M. Florence Nightingale; an appreciation. 1914. National Organization for Public Health Nursing, New York City.

Andrews, Mrs. Mary R. S. Lost commander—Florence Nightingale. 1929. Doubleday, Doran & Co., Garden City, N. Y. $3.00.

Brainard, Annie M. Evolution of public health nursing. 1922. Saunders, Philadelphia. $3.00.

Cook, Sir Ed. T. Life of Florence Nightingale 2v. 1913. Macmillan, New York City. $7.50.

Cook, Sir Ed. T. Short life of Florence Nightingale; with additional matter. 1925. Macmillan, New York City. $3.50.

Dock, Lavinia L., and Stewart, Isabel M. Short History of nursing. 1920. Putnam, New York City. $3.50.

Elliot, G., ed. Florence Nightingale tableaux. 1920. Macmillan Co. Paper, 30c.

Hallock, Grace T., and Turner, C. B. Health Heroes—Florence Nightingale. 1928. Metropolitan Life Insurance Company, New York City. Free.

Mabie, H. W. Heroines that every child should know. 1915. Grosset, New York City. $1.00.

Reid, E. G. Florence Nightingale, a drama. 1922. Macmillan, New York City. $1.25.

Strachey, G. Lytton. Eminent Victorians. 1818. Putnam, New York City. $3.50.

Worcester, Alfred. Nurses and nursing. 1927. Harvard University Press, Cambridge, Mass. $2.00.

The Metropolitan Life Insurance Company, New York City, will furnish a film: "Life of Florence Nightingale," free to hospitals and schools of nursing, with sufficient booklets, "Health Heroes," for general distribution.

Safeguarding the Family

AN UNUSUAL HEALTH INSURANCE PLAN

By Lillie Young
Superintendent, Brattleboro Mutual Aid Association, Inc., Brattleboro, Vermont

BRATTLEBORO'S "unique nursing organization," has developed through the years by the thoughtful study and keen interest in its community of Mr. Richards M. Bradley, a trustee of the Thomas Thompson Trust.

The first work was begun in 1900, by having a visiting nurse in the community. There followed in two years, the hospital with its training school for nurses, called the Brattleboro Memorial Hospital, then the organization of the Brattleboro Mutual Aid Association, which took over the district nursing, and with the use of its graduates, organized a school for attendant nurses.

This town has three types of nursing to offer the people of this and surrounding towns. First: the Brattleboro Memorial Hospital service; second: public health and bedside nursing; third: attendant nursing in the homes, under the supervision of the Mutual Aid Association. While a community may have all of these facilities for care in time of illness, it does not necessarily mean that people can meet the expense of such care. At one time the sum of $5,000 was owed to this organization for nursing service by people who meant to pay their bills, but who had become so deeply involved in debt, that it was a question as to whether or not they would ever be able to pay. The hospital was also having the same experience.

THE INSURANCE PLAN

Out of these experiences we evolved a form of hospital and home nursing insurance, which we call "Safeguarding the Family." This "safeguarding" covers the cost of illness to an extent that makes it possible for a family to meet its financial obligation and not feel it an overwhelming economic burden. The person "safeguarded," who is ill in his own home, may have the services of a visiting nurse attendant or graduate nurse, as the case may require, at half price, up to $200, upon the payment of the following yearly fee:

Single person	$2.00
Married couple....	3.00
Children	.50 (up to 16 yrs.)

If an operation is necessary, and the patient is taken to the Memorial Hospital, he pays the first $30 of his expenses, and the insurance will pay up to, and not to exceed $300 of the necessary hospital expense, for the yearly fee of:

Single person	$5.00
Married couple....	7.50
Children	1.00 (up to 16 yrs.)

In cases of serious illness where an operation is not necessary, after the first $30 has been paid by the patient, the insurance will pay one-half of the remaining hospital bill.

The Thompson Trust has set aside one thousand dollars to be used to assist in starting the benefit for the home nursing and $1,500 in starting the hospital benefit.

Membership in the Benefit Association for nursing service up to November 1, 1930, totaled 83 families and 87 single persons. This was an aggregate of 422 persons covered. The Hospital Benefit Association had a membership of 146 families and 157 single persons, representing 618 individuals.

On November 1, 1930, a total of $1,231.50 in premiums had been paid into the Nursing Benefit Association, which, with interest, made $2,420.51. The total paid out in benefits to persons needing nursing care has been $767.60, leaving a balance of $1,652.91.

On November 1, 1930, a report of the Hospital Benefit showed a total of $6,120.78 from interest and premiums, and a total of $5,736.16 had been paid out to those who had benefited, leaving a balance of $384.62. On that date the Thomas Thompson Trust decided to add another $1,000 to this Hospital Insurance.

IN ACTUAL PRACTICE

Some instances in which those "safeguarded" have been benefited follow:

Mrs. M., a widow with two small children, was ill in her home with pneumonia and for two weeks had a graduate nurse to care for her. When she was convalescing, she dismissed the graduate and employed an attendant nurse for two weeks. After the attendant nurse left, she had the district nurse, who made six visits to give her a tonic by hypodermic. All this nursing care cost her just one-half of the regular price.

The ten year old daughter of Mr. and Mrs. F. was taken ill while on her way to school, and upon examination by the physician who was called, was found to be suffering from an attack of appendicitis, for which an operation was deemed necessary. The insurance paid $150 for the operation and after care and $35 on the hospital bill. The child was in the hospital 10 days. There was a special nurse employed to care for the child but since the insurance did not cover special care in the hospital, the family paid for the special nurse. Mr. F. manages a drug store and owns his own home.

Miss K., a teacher, fell on the ice and fractured her hip. She was in the hospital eight and one-half weeks. Her hospital bill, including her surgeon, was $413.40. The maximum insurance amounting to $300 was paid by the Hospital Benefit Association.

Mr. O. was operated upon for hernia and appendicitis and was in the hospital seventeen days. He received $90.75 on his hospital bill and $189 on the surgeon's bill, $150 was for the operation and $39 was for after care. Mr. O. is a motorcycle officer on the police force.

Membership in the insurance plan is not restricted to any one class of people, but is intended to help all who wish to join and benefit from it when illness comes. This plan has cut down the cost of sickness and hospital expenses to the insured, and made it possible for the hospital and nurses to receive full and prompt payment for services rendered.

FAMILY RELATIONS

We wonder, sometimes, why a child whose home is crowded, whose mother is busy, may be smiling and self-reliant while an apparently more carefully reared child is cross and babyish. We know not only the child must be considered but the setting in which the child grows. The answer to our question may be that often we think of the child's "setting" as his house, clothes and physical care, forgetting that attitudes of his family and even of other relatives and friends are the most important part of his surroundings.

A child may become jealous or learn to distrust his own abilities through his reactions to his brothers and sisters. Some people insist that being an only child is the worst fate that may befall. However, other problems arise when more than one child exists in the family. The "middle child" is in a difficult position. He has not reached the age of responsibility of his older sister but he is frequently compared with her. Perhaps his parents have not realized that his talents may lie along other but equally satisfactory lines. He is not petted as is his baby brother and yet his own baby days are not far behind. He needs understanding help to vacate this position willingly. The other children have their problems too. The oldest child may be made to feel responsibility too keenly. Or the baby of the family may remain the baby too long, insisting on occupying that position to the end of his days even when he has children of his own.

That child thrives best who is not compared with his brothers and sisters or expected to compensate for disappointment in another child. He will be more successful if he is not expected to repay the parents for their own lost opportunities. Family life based on thoughtful understanding is to the child the all-important foundation for later success and happiness.

From "Family Relations," a leaflet, by Dr. A. B. Siewers, Psychiatrist, Preschool Habit Classes, Syracuse (N. Y.) Department of Health.

Delivery Service in an Official Public Health Agency

By Bride Lee Cawthon
Director, Division of Public Health Nursing, City Health Department, Memphis, Tennessee

THE Visiting Nurse Association of Memphis was organized in the Spring of 1910. Two years later we read in the annual report, "The services of one nurse will be restricted to obstetrical cases." Since that time the home delivery service has been carried on continuously by various organizations, among them the Associated Charities, the Medical Department of the University of Tennessee, the Memphis Public Health Nursing Association, the Visiting Nurse Department of the City Hospital, until, in August, 1925, the Bureau of Public Health Nursing of the Memphis Health Department was reorganized following a survey of the city's health and hospital facilities.

The program of the Division of Public Health Nursing includes bedside nursing care as pay, part-pay and free service, school nursing, child hygiene, preschool, prenatal and postnatal care, tuberculosis and communicable diseases. The entire service is generalized with the exception of one nurse for the major communicable diseases and two for delivery service. There are forty nurses covering the city limits serving a population of 250,000. This program is entirely paid for by taxation; the fees collected for nursing care and delivery service are deposited in the City Treasury and do not alter the amount of the budget of the Division of Public Health Nursing.

The delivery service of the Memphis Health Department is of two types: Assistance to private physicians where a fee of $5.00 is charged for the first four hours and $1.00 for each succeeding hour; and assistance at all cases delivered by the out-patient department of the City Hospital.

The prenatal clinics of the out-patient department of the City Hospital are held in the maternity building of the Hospital under the direction of the department of obstetrics and in coöperation with the University of Tennessee. The delivery nurses as well as a nurse from the Health Department staff assist at these clinics and the assigned clinic nurse takes the third call. Each nurse takes two weeks night and day duty; this arrangement is their own choice. All calls day and night both for private physicians and out-patient cases are handled through the operator of the telephone exchange of the City Hospital.

The bag equipment for private cases as well as out-patient is furnished by the maternity department of the City Hospital which is also a tax supported institution. All cases are referred to the Health Department nursing staff for prenatal and postnatal care.

A car and its upkeep is furnished the delivery nurses and their salaries are slightly higher than those of the regular staff nurses. They are both intensely interested in maternity nursing. The senior nurse has been in this work since its reorganization in 1925 and is to a great extent responsible for its growth and success.

A second survey or appraisal of the health and hospital facilities of the city was made during 1930 and from this report we quote the following paragraph:

"Since January 1, 1926, the number of cases delivered by the Out-Patient Department has shown a 100 per cent increase, but the most marked increase has been among cases for private physicians which at the end of 1929 increased to a number five times as large as the number delivered in 1926. The average number of deliveries per month for 1929 was about 25 for private physicians and about 50 for the Out-Patient Department. The large number of births occurring in hospitals in Memphis reduces proportionately the responsibility of the Health Department for a home delivery service; in 1929 55 per cent of the total births occurring in hospital, 67 per cent of the white and 38 per cent of

the colored—(84 per cent of all colored births were registered at the Out-Patient Department prenatal clinics)."

At the present time further expansion of this service is not considered. Since approximately 35 per cent of the population of the city is colored, the maternal death rate is unusually high, and 10 per cent of the colored patients attending the prenatal clinics show a positive Wassermann, it is now felt that finding the prenatal patients earlier in the pregnancy, getting them under competent medical supervision earlier and increasing the number of visits per case should be the major objective of the Division of Public Health Nursing maternity program for 1931.

Two Weeks in the Country

BY HOPE NEWELL, R.N.

RELUCTANTLY quitting her comfortable armchair and the latest copy of THE PUBLIC HEALTH NURSE, Marjorie Taylor began busying herself about her tiny one room apartment. She drew the bridge table within easy range of the floor socket, set out the electric toaster, measured coffee into the percolator.

From the depths of the wicker *chaise longue* her friend, Lydia, regarded her activities with interest. Lydia, who occupied a studio next door, lived up to the popular conception of her artist profession by evincing perpetual hunger.

"Refreshments?" she asked hopefully.

Marjorie shook her head.

"No, I'm getting breakfast," she announced.

Her guest looked disappointed.

"Breakfast! Aren't you a little beforehand?"

Marjorie smiled a trifle wryly. "You forget that I have to pilot a group of Fresh Air children to a seven o'clock train in the morning," she explained.

Lydia dropped the *Vanity Fair* that she had been idly scanning and sat up indignantly.

"Of all the outrageous impositions," she exclaimed.

"Well, someone has to take them," Marjorie defended herself.

"That's no excuse for your getting up in the middle of the night to do it—why can't their mothers take them? I declare if you public health nurses could breathe for those people, you would think it was your duty to do it!"

Marjorie serenely continued her preparations. She was quite accustomed to her friend's extemporaneous comments upon the self-inflicted martyrdom of nurses and social workers. Having laid out the breakfast service, she proceeded to wind the alarm clock.

But Lydia, well launched on a congenial theme, completely ignored this delicate hint that the evening was drawing to a close.

"Really," she protested, "I think that all this Fresh Air work is rather silly anyway. Every year a lot of sentimental people go in for an orgy of smug virtue because they have helped some poor little city kids to have two weeks in the country. But what good does it really do? One week after they come back, they are just as dirty and neglected as ever."

Marjorie was adjusting a fresh collar to her uniform. "Did you ever go on a vacation when you were a little girl?" she asked.

"Of course I did, and I ate green apples and got stung by bees and covered with stone bruises and had a good time in spite of everything, but I still think it isn't worth the bother that

you go through to get these children to camp."

"Perhaps you would like to see some of the results of camp life," Marjorie suggested. "This," selecting a card from the index on her desk, "is what I consider one of our most gratifying reports from the camp counsellor."

She read aloud:

"Hulda Schultz: Gain in weight three pounds. Appetite good. Special comment: Hulda seems to be a very boisterous undisciplined child—entered into all recreations freely but assumed no responsibility in performing camp duties."

"A gratifying report!" Lydia fairly snorted. "I wonder what you would call deprecatory?"

Marjorie grinned slyly. "But you see you didn't know Hulda," she retorted.

Lydia shot her a suspicious glance. "Something tells me that I am about to be the victim of a heart interest story," she groaned.

However, as Marjorie continued to smile reminiscently, curiosity got the best of her.

"All right, I'll bite—out with it," she commanded.

Marjorie tactfully refrained from any undue display of triumph. "Hulda," she began, "is not quite ten. She is the oldest of a family of eight. They live on the top floor of one of the poorest tenements in my district. The father is a no-account drunkard and the mother, a hard working German woman, patches out the sketchy family budget by doing the janitress work in the building. Hulda does the housework and takes care of the other children.

"I met the family when the eighth child was born. The first thing that impressed me as I entered the tiny flat was the number of babies—babies of all ages and in all stages of undress. They literally swarmed over the place. Then I saw Hulda. She seemed to be everywhere at once—fastening buttons—struggling with knotty laces of stubby little shoes—separating the pugnacious twin runabouts—soothing the year old baby with dry clothing and a pacifier.

"Such a forlorn looking little girl with her straight unkempt hair and large protruding teeth. She was small even for ten years and her bony little shoulders were pitifully stooped from constantly lugging heavy babies. Her pale blue eyes had a look of such utter resignation that it would have been funny if it were not so genuine.

"She scarcely noticed me. Her attitude seemed to be, You have your work to do and I have mine and the less said about it, the better.

"Even when I had cleared a space on the kitchen table and proceeded to bathe the new baby, Hulda paid no attention. Most ten-year-olds consider the baby's bath an entrancing performance but not Hulda. New babies were no novelty to her!

"By the time I had finished caring for the mother, Hulda's struggles had brought some sort of order out of the general chaos. The twins were squatted on the floor placidly smearing their faces with jelly roll. The other children were busy with 'white coffee' and rolls spread informally on the kitchen chairs. The fat one-year-old was dozing in a dilapidated doll's baby carriage.

"Hulda was also having breakfast. She was sitting, humped over the kitchen table, an enormous pot of coffee before her, one scrawny little hand lovingly encircling a big cup of black coffee, for all the world like an old German housewife.

"As I was packing my bag, I tried to draw her out but I might as well have been talking to a block of wood. 'Do you like school, Hulda?' I asked. 'No.' 'Why not?'

"Hulda considered the question as she washed down a huge mouthful of baker's roll with a gulp of coffee. 'It's dumb,' she responded without emotion. 'Do you ever go over to the settlement house to play?' Hulda's stolid little face registered slight contempt. 'I got no time for such foolishness,' she informed me.

"During the entire week that I

visited the home, I don't think I ever heard Hulda laugh. I instituted a kind of private project to try to make her show some symptom of natural childishness. One day I took her a present—a little set of doll's furniture that a chronic patient had made. It was quite an ingenious toy carved from a single piece of wood in such a way that by fitting the pieces together just right, it became an oblong block again. The very thing to captivate a little girl, one would think.

"Hulda received it without enthusiasm and then to my dismay carelessly handed it to the nearest youngster. I talked with Mrs. Schultz about her.

"'Yes I know,' she agreed, 'Hulda has too much on her shoulders—but what can I do?'

"I suggested sending her to the country for a rest and after some hesitation, Mrs. Schultz decided that it might be a good thing. Hulda received the news with her usual indifference. I can still see Hulda sitting stoically in the dentist chair—Hulda bored and detached, submitting to the indignity of having her hair fine-combed — Hulda droning 'Ninety-nine—one—two—three,' for the doctor.

"Only once during the routine of getting ready did she show any spark of interest.

"'That Irish girl from my school says that in this place where I'm going, they have ice cream three times a week—is that for true?' she asked me.

"When I assured her it was 'for true,' her pale blue eyes shone with wonder. Although she said no more about it, I was relieved. For the first time, I felt sure that she wouldn't back out.

"At last the great day arrived. As the train pulled out of the Grand Central, there was Hulda sitting sedately by the window, completely oblivious to the wild bedlam produced by the car full of deliriously happy children.

"And then," Marjorie finished abruptly, "after two weeks this letter came—Hulda 'boisterous and undisciplined.' Can't you see why we felt gratified?"

Lydia had been an attentive listener. "That *was* an interesting case," she conceded. "Thanks for telling me." And then with tardy compunction she added, "But I really must be going—thank goodness, I don't have to get up at the crack of dawn."

"Being an artist certainly has its compensations," Marjorie agreed.

At the first rasping din of the alarm clock, Marjorie stumbled sleepily out of bed and hurried into her clothes. As she drank her coffee with one eye on the clock, she thought of Lydia, peacefully sleeping.

"Being an artist certainly has its compensations," she repeated to herself emphatically.

The telephone rang sharply. Marjorie sprang up in alarm. Had something gone wrong—could her clock be slow? A dozen misgivings assailed her as she took down the receiver.

"Marjorie?"

"Lydia! Are you sick?"

"Of course not," Lydia retorted indignantly.

"Then what in the world is the matter?"

Lydia's tone conveyed the acme of nonchalance. "Why I just happened to be awake so I thought I'd call you in case your alarm didn't go off or something. There might be some little Huldas in the Fresh Air party and I'd sort of hate to have them miss their two weeks in the country."

ACTIVITIES *of the* NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING, INC.

Edited by KATHARINE TUCKER

BIENNIAL REPORT OF JOINT VOCATIONAL SERVICE

(Covering Public Health Nursing—1929 and 1930)

The vocational center for public health nurses has been conducted with a similar center for social workers under the name of Joint Vocational Service for four years. Due to the increasingly close relationship between the two professions this united effort has proved more and more advantageous.

As one of the media for developing personnel standards, J.V.S. has continued to stress individual counseling as well as selecting candidates for positions. The Service has been working closely with the Education Committee of N.O.P.H.N.

Of nearly twenty-six hundred public health nurses whose registrations were opened or reopened at J.V.S. during the past four years, approximately three-fourths were high school graduates, and a majority of these high school graduates had had college work in addition. Nearly five hundred had graduated from college, and a number of these had taken graduate work. Nearly two-thirds of the registrants had had graduate or undergraduate public health nursing courses, but only about one-fourth had had complete courses. More registrants, old and new, were available during 1929 and 1930 than previously who had advanced academic education and preparation in public health nursing courses.

During 1929 and 1930, J.V.S. filled 492 public health nursing positions—an increase of thirty-four over 1927 and 1928. It assisted in filling 125—an increase of fourteen over the previous two year period. In the more nearly standardized field of public health nursing, the percentage of placement, averaging 43 per cent during the past four years, has been higher than in the social work field. If J.V.S. had a lusty town crier, however, who could travel around the country, his proclamation would be: "Hear ye. Well-prepared and experienced public health nurses are in demand."

In 1930, as compared with 1929, the number of available positions in public health nursing dropped 15 per cent. The most marked decline began in September. It was especially noticeable in beginning staff positions and in positions of executive type.

As J.V.S. is located in New York City it is natural that a large percentage of the positions have been in that general area. As a national agency, nevertheless, it has been reaching out through the country. Positions have been filled in various sections of the United States, and a few beyond the borders. The number of positions reported from the Mid-West and West have increased considerably.

The past two years brought a great increase over the previous two-year period in the number of positions in generalized community service. A large majority of these positions included bedside care. Many of the positions in specialized community service were in the field of child health work, especially in school nursing and in a combination of several phases of child health work. A number of positions were in the tuberculosis field. Nurses are needed who have special equipment for communicable disease nursing and physiotherapy, and for teaching positions in universities with public health nursing courses, although such positions are few in number.

J.V.S. has filled public health nursing positions at salaries ranging up to $5,000, but the largest single number of positions without maintenance offered

about $1,800; with maintenance, about $1,200. Comparatively few positions without maintenance have offered $2,600 or over; few, with maintenance, have been available at $2,000 or over.

This vocational center for social workers and public health nurses was not organized for profit and is not self-supporting. Through greater service during 1929 and 1930, however, the percentage of income from registrants' placement fees and from subscriptions made by organizations using the Service increased from 63 per cent to 68 per cent. Thus the percentage of subsidy from foundations and miscellaneous sources, although not the amount, was decreased 5 per cent. During the past two years the total income was $76,792.52—an increase of $9,791.14 over the previous two years. About one-third of the volume of work has been in the public health nursing field.

GRACE L. ANDERSON

STANDARDS FOR HOURLY APPOINTMENT NURSING SERVICE*

WHAT IS HOURLY APPOINTMENT NURSING SERVICE?

Hourly appointment nursing is intermittent nursing service given to those individuals needing graduate nursing care, including patients in their homes, doctors in their offices, etc. It is furnished at a stated time and is sold on a time basis rather than on a visit basis, which facts particularly differentiate it from what we ordinarily speak of as visiting nursing. There must be two fundamental characteristics of an hourly appointment nursing project, as there are in all outstanding visiting nurse organizations.

1. Its purpose must be to serve the public economically, efficiently, and in terms of needs not now being met adequately.
2. There must be a perpetually experimental attitude towards the work so that it may be kept at all times abreast of current needs.

WHO NEEDS HOURLY APPOINTMENT NURSING SERVICE?

Following the already established practice of visiting nurse associations, hourly appointment nursing is aimed to meet the nursing needs of

1. The *patient* ill in his home or hotel who does not need continuous service but who is greatly benefited by one, two, three or more hours of nursing care daily or weekly.
   a. Maternity cases, either those delivered in the home or those newly discharged from hospitals.
   b. Acutely ill cases such as influenza, etc., where the condition of the patient does not require continuous care and supervision.
   c. Treatment cases, such as insulin and other hypodermics, colonic irrigations, etc.
   d. Surgical dressings for post-operative and accident cases.
   e. Chronics; the large number of bedridden or house-bound chronically ill patients who need some nursing care daily or weekly.
   f. Convalescents; the group of patients lately dismissed from hospitals or who no longer need the full time services of a special nurse.
2. The *hospital* which in emergency or during peakload periods finds it difficult to provide relief for special duty nurses. The hospital at other times also frequently needs small units of nursing services—two, three, or four hour periods.
3. The *doctor*, both in his practice in the home or in his office, frequently needs a nurse to aid him in obstetrical cases, minor operations, emergency cases, etc.
4. *Private schools* who wish a daily inspection of their pupils.

Because of the present nebulous state of hourly appointment nursing, it is recommended that all requests for service be filled either by the administering agency itself or be referred to some other appropriate agency. The only exception to this would be for cases desiring treatment who are not under a doctor's care or supervision.

* Approved by the Committee on Distribution of Nursing Service, which has representatives from the American Nurses Association, the National League of Nursing Education and the National Organization for Public Health Nursing, January, 1931. Published simultaneously by the *American Journal of Nursing* and THE PUBLIC HEALTH NURSE.

Suggestions relative to organization of Local Councils of Nursing, and Standards for Institutional Nursing will appear in future issues of THE PUBLIC HEALTH NURSE. See also report published in our April number.

FUNDAMENTAL PRINCIPLES IN ORGANIZED HOURLY APPOINTMENT NURSING

Whether or not an hourly appointment nursing service is sponsored by a visiting nurse association or by an official registry or other agency, the principles already obtaining in visiting nurse associations should govern its development.

The principles and methods found good in standard visiting nurse practice today, by which skilled nursing care is distributed effectively and economically demonstrate the basis on which sound hourly appointment nursing should be established. These principles are:

I. *Fixed Responsibility.* To offer organized protection to patient, nurse and community. This principle of a fixed responsibility recognizes the distinction between a free lance project in hourly appointment service and that launched by some definite organization. A committee or organization has as its objective that of providing sound nursing service to the community, whereas an individual establishes this service largely from the viewpoint of personal convenience and personal fortune. The community anticipates and has a right to expect stability both in duration and in quality of service from an organization which it cannot require from an individual. While it is recognized that many nurses working on a free lance basis give service of excellent quality, it is also realized that these nurses cannot control the quality of work of their associates, nor can they assure the community that the service will be available regardless of changes in their personal fortunes. Furthermore, these individual nurses cannot explore further needs, develop new methods or promote an adequate program of hourly appointment nursing.

II. *Able Leadership.* To insure a uniformly high standard of work, direction and continued education for the nurse, further study and development of community needs, establishment of working relationship with the medical profession and other community groups concerned.

III. *Continuity of Service.* To establish a service based on the patient's needs rather than on the nurse's convenience.

IV. *Accounts and Records.* To provide simple and accurate records to measure accomplishments, compute costs and to furnish brief statistical data to aid in the development of the work.

V. *Office.* It is important that the work in the field be supported by sound office administration, including appropriate personnel and definitely established headquarters.

VI. *Policies.* To provide definite standards covering:

a. Staff requirements.
b. Introduction of staff members to the work.
c. Regulation of nurse's case load.
d. Policies regarding intake of cases as they relate to such matters as Sunday and holiday work, out of district calls, etc.
e. Standing orders obtained in collaboration with local medical society.

VII. *Program.* To provide a basis for the orderly and well planned maintenance and expansion of service, so that new work will be developed in accordance with ascertained needs and available resources rather than in accordance with personal enthusiasm.

VIII. *Publicity.* To provide a consistent, continuous re-education of the public in its use of nursing service. The practical warning needs to be sounded not to promise or advertise more than can be provided.

UNDER WHAT AUSPICES SHOULD ORGANIZATION OCCUR?

The existing resources of a community may condition the auspices under which hourly appointment service is developed, and as resources vary in different communities, so will the auspices differ. But whatever group carries the responsibility for its administration, there should be a sympathetic and understanding coöperation with all other social and health agencies, such as public health organizations, registries, hospitals, councils of social agencies, physicians, etc., both in the formulative stages and as the work develops.

At the present time there seem to be five possible auspices under which hourly appointment nursing might be fostered.

1. A committee composed of representatives of all the groups directly concerned with this problem in a given community. Included among these are the general public, the hospitals, the medical profession, the public health nursing agencies, the official registry and other similar organizations in the community.

2. The organization in the community which administers the visiting nurse service.

3. The nurses' official registry.

4. A hospital, especially in the smaller or less populated areas.

5. Any two or more of the above named agencies working jointly.

JOINT VOCATIONAL SERVICE APPOINTMENTS

Emma Sater, appointed temporary field staff nurse, Colorado Tuberculosis Association, Denver, Colorado; permanent appointment, beginning May 16, supervisor for Wayne County Service, Richmond, Indiana, State Board of Health.

Elizabeth Jones, public health nurse for prenatal study, Committee on Standards for Prenatal Care, Philadelphia, Pa.

Kathleen Waring, public health nurse, Industrial Health Workshop, New York City.

Blanche Marvin, nurse-physiotherapist, The Evelyn Goldsmith Home for Crippled Children, Far Rockaway, L. I.

Pauline Flynt, Helen Kiefer, and Mrs. Helen Sykora Williamson, staff nurses, Association for Improving the Condition of the Poor, New York City.

Lillian Berry, staff nurse, Public Health Nursing Service, Woman's Civic League, Neighborhood House, Tarrytown, N. Y.

Marie Dennerle, health worker, Queensboro Tuberculosis and Health Association, Jamaica, L. I.

Madeline Ferguson, staff nurse, Visiting Nurse Association, Brooklyn, N. Y.

Caroline Kidder, community nurse for Yorktown Heights, N. Y., Westchester County Department of Health.

Mrs. Laura Burrell, second public health nurse, Village Welfare Society, Port Washington, L. I.

Mrs. Ruth Vaughan Miller, staff nurse, Out-Patient Department, Public Health Nursing Association, Englewood Hospital, Englewood, N. J.

Eleanor Harmon, special student, and later staff field nurse, East Harlem Nursing and Health Service, New York City.

Clara Curran, staff field nurse, Metropolitan Life Insurance Company, Jamaica, L. I.

Appointment in which Joint Vocational Service has given assistance:

Eleanor Mumford, supervising nurse for Southern Berkshire County Health Unit, Great Barrington, Mass.

(*For other appointments see page 255*)

CHANGES IN SALARIES IN PUBLIC HEALTH NURSING ASSOCIATIONS

There is so much talk everywhere about reduction in salaries and wages, it is very encouraging to be able to report that only one out of a total of 91 nonofficial public health nursing associations has up to the present reduced the salaries paid to nurses on its staff.

This year owing to the work of the 1931 Census of Public Health Nursing the usual study made by the N.O.P.H.N. of salaries paid public health nurses was omitted. However, a brief questionnaire was sent to the 102 public health nursing associations included in the yearly salary study, asking for information as to any contemplated changes in salary policies for the coming year. Ninety-one associations have replied.

In 75 associations not only are there to be no reductions in salaries, but the usual increases provided in their salary scales are to be given. In 44 associations these increases are given to both supervisors and field nurses, and in 31 associations to field nurses only. In 4 of these 31 associations there are no supervisors, and in the remaining 27, the supervisors are receiving the maximum salary paid or the associations do not have a definite salary scale for supervisors.

In 15 associations no increases in salary are to be given to either supervisors or field nurses. Five associations state that the usual increases will be given if business conditions improve.

One association reporting that the usual yearly increases on salaries are to be given, states that all nurses are to have four weeks off duty in the year but are to receive pay for only 2 of the 4 weeks. This is the only change in vacation policies reported by any association.

Three associations state that although at present the usual increases in salaries are being given, it may be necessary later in the year to make reductions in salaries.

N.O.P.H.N. Statistical Service

BOARD AND COMMITTEE MEMBERS' FORUM

Edited by VIRGINIA BLAKE MILLER

Board Member, Instructive Visiting Nurse Society, Washington, D. C.

Lay Committees Advisory to Official Public Health Nursing Services *

A report on this subject as it affects county public health nursing services was submitted at the Cincinnati Convention of the American Public Health Association in 1927. A recommendation was made at that time to continue with a new committee personnel the study as the subject affects urban services. The present committee was organized too late to prepare a report for the Minneapolis meeting in 1929.

The methods employed in this study were:

To secure available data on the subject from the National Organization for Public Health Nursing.

To write official agencies that were thought might have a lay advisory committee.

We were most fortunate in the material we received from the files of the National Organization for Public Health Nursing. They had but recently completed a series of articles on amalgamated services in THE PUBLIC HEALTH NURSE.

To bring this material up to date and make the desired information specific, a questionnaire on the following points was sent to each of these agencies. This procedure was also followed with the official agencies in Detroit, Cleveland, St. Louis, Los Angeles, Syracuse, Akron, and Charleston, S. C.:

1. Do you have a lay advisory committee?
2. How is the committee appointed?
3. Number of members on the committee?
4. Type of personnel represented?
5. How often does the committee meet?
6. What are the chief functions of the committee?
7. Is the committee useful to the service?
8. Are there any disadvantages in having a committee?

Returns from the questionnaire were received from 16 nursing organizations—7 official, 7 amalgamated services, and 2 private agencies under contract to do nursing service for the official health department, but not employing or supervising work of nurses on the official payroll.

Do you have a lay advisory committee? Three of the official agencies had lay committees. One had had a very constructive committee during the early years of the official nursing organization, which a new city charter discontinued, much to the regret of the director of the service. The other three of the official group were in departments of health with an advisory board of health (one of which had both men and women members). The seven amalgamated and two private services had their own boards and committees.

How is the lay advisory committee appointed? In the official group, one of the committees was established by city ordinance and new members appointed by the mayor on recommendation of the original members, a second by the commissioner of health, and the third is an advisory committee for all public health nursing services in that city.

In the amalgamated services, where several groups had been brought together, each group appointed its own representative. The commissioner of health was usually stated as a member

* Reprinted from the American Public Health Association Year Book. Presented to the Public Health Nursing Section of that organization, October 27, 1930, by the Committee to Study Lay Committees Advisory to Official Public Health Nursing Services.

and often the mayor. The county medical society and civic interests were usually represented.

Members on the Committee—The number of members on the committees varied in the different cities from 7 to 33, the official committee inclining toward the smaller number.

Type of personnel—The personnel seemed to represent professional and lay people with a keen civic interest and responsibility. City officials, judges, physicians and lawyers, with women of wealth and influence predominating. Both men and women were present in all but the two private organizations which had women board members with a medical advisory committee.

Frequency of meetings—Meetings seemed to be quite regularly held once a month, except during the summer season. One of the official agencies averaged two a month—two stated having luncheon sessions.

Chief function—Practically all stated the committee received the monthly and annual reports, through education of the committee the services were interpreted to the community, assisted in maintaining standards of efficiency and salary, assisted in developing needed work with necessary staff supplied, and in private and amalgamated services had policy forming and administrative functions.

Is the committee useful to the organization?—All of the organizations had found their committee useful. One stated, "safeguards standards and minimizes danger of political interference"; another, "binds official and private agencies and helps to relate projects for complete community program." To quote from two official agencies—"I feel this lay board is of inestimable value. For several years we have been quite free from political interference, but the future can be jeopardized with changes in administration unless we have recourse to a lay board that has a decided standing in the community. It also gives a municipal nursing organization a certain professional prestige that all must recognize." The second, "While still very young, our advisory committee has been very effective in one political crisis. Through an intelligent seeking to know and understand the communities' public health nursing services, it cannot fail to be an influence in filling any demonstrated gaps in service." Another director of an official agency writes: "If I were starting over, and certainly if I had not been blessed with such astounding leaders as my health officers, I should request a lay committee of distinguished but disinterested (politically) citizens."

Disadvantages—If any disadvantages were experienced, they seem to have been so completely overshadowed with the advantages that none was mentioned.

After studying the material collected, and as a result of the committee's discussion, the committee wish to make the following recommendations:

That an official public health nursing organization suggest to the health officer that a lay advisory committee be formed entirely as an experiment for a period of two or three years. That the committee be organized when conditions are favorable and not when the service or organization is in difficulties.

Aims of Advisory Committee:

To develop a community interest and appreciation of official nursing services.

To be familiar with professional standards in public health nursing.

To assist in securing an adequate number and adequate preparation of personnel.

To secure proper facilities for carrying on an efficient service.

To intelligently speak for the official service.

To maintain a permanent nursing service.

To assist in securing the financial budget required to meet these aims.

Function—The function to be strictly advisory to the health officer except when he asks it to be administrative.

Appointment—The initial appointment may be with or without city ordinance and made by the mayor or commissioner of health. Members may be suggested by representative community groups. Membership should, however, extend over a period of time to be constructive and be guarded against a complete turn-over.

Type of Personnel on the Committee—The entire usefulness of the committee is subject to the leadership and qualifications of its members. The selection may be made from civic, social, and religious groups, with different abilities and interests, and chosen for their community interest and thinking capacity. A mixed group of men and women is desirable.

Meetings—Meetings should be held at regular stated intervals. Possibly four meetings a year will give the contact needed for continuity. However, meetings may be held as often as conditions require.

Since the committee feels so strongly the inherent possibilities for a finer understanding and appreciation of the rapidly growing official nursing services, the members will watch with interest any new experiments along this line. An editorial on Health Councils appearing in the *American Journal of Public Health* for May, 1930, states—"Sympathetic coöperation of a constructive and preventive nature has become recognized as essential if community health and welfare organizations are to serve the public most effectively."

In this article public health nursing is mentioned as one of several problems to be considered in relation to the purposes of a health council. However, but 10 cities are listed as having health councils, which in no way preempts the field for lay committees, but rather points to a similar need. The fact remains that many of the problems of official organizations would not exist if the position of health officer were filled with a well-trained man who could look forward to a career in his chosen field with tenure of office assured. Until that time arrives, such safeguards as lay committees, health councils, or other community participation are the best means of protection.

Agnes J. Martin, *Chairman*
Mary S. Gardner
Elizabeth Rodney
Cora Templeton
C. F. Wilinsky

The following viewpoints and comments on lay committees for official organizations are printed as being of interest in connection with the foregoing report Mrs. Bertha O. Yenicek is Director of the Department of Public Health Nursing of the St. Louis (Mo.) Division of Health and Mr. David Ovens is a member of the lay committee interested in promoting the work of the Charlotte, N. C., Department of Health.

The work of the municipal visiting nurses, as well as that of the schools of nursing and graduate nurses of the municipal hospitals and institutions, is under the direct supervision of a lay advisory committee known as the Municipal Nurses' Board.

The Municipal Nurses' Board was created by ordinance under the Revised Code of St. Louis in 1914. This ordinance in brief is:

The Municipal Nurses' Board shall consist of seven members, to be appointed by the health and hospital commissioners; at least three members are to be women, and one member a physician. Each term of office shall be seven years, and until a successor is appointed. (The term of office of one member expires each year.) Each member is to serve without compensation. The duties of the board shall be to make rules and regulations, subject to the approval of the health and hospital commissioners, for the conduct of nursing schools and graduate nurse services in our municipal institutions and also for the municipal visiting nurses.

It has always been the policy of the Municipal Nurses' Board to have an attorney as one member. He is valuable in assisting in the drafting of ordinances, and giving expert advice in any legal measure.

The board is non-partisan. When a term of office of a member expires or there is a vacancy from any other cause, the board recommends to the health and hospital commissioners, either the reappointment of the retiring member or the name of a person suitable to fill the vacant office. The health and hospital commissioners are not bound by ordinance to accept the person recommended by the board, but

up to the present time the board's recommendations have been accepted.

The Municipal Nurses' Board holds meetings twice each month, except during the summer months, when meetings are called to care for emergency measures. The nurse superintendents of the municipal institutions and the municipal visiting nurses attend one of the semi-monthly meetings, at which time each gives her report, presents her problems, and asks for recommendations in relation to any phase of her work. While the Municipal Nurses' Board has advisory power only, the health and hospital commissioners rely on this board for the direction of the work under their supervision.

Our board has always been outstanding in the type of men and women serving, and when we consider the busy social and business life of these board members, it is a stimulating fact that they are willing to devote so much time, not only to meetings, but also to the many individual conferences and excursions necessary to keep in touch with the work.

An official public health nursing organization will experience great difficulty in building and maintaining high standards for work without a nonpartisan lay committee. Better prepared, more experienced, and higher type physicians and nurses are attracted to a service under the supervision of such a board. Many physicians and nurses would not participate in municipal work where politics is quite likely not only to affect the length of their services, but also to interfere with the development of the work. A good lay committee precludes this.

Municipal administrations change frequently and occasionally the new health official is quite untrained for and sometimes unsympathetic toward phases of his new position. A lay advisory committee, which carries over from one administration to the next, will be invaluable in assisting the new official to understand and appreciate the work of the public health nursing organization. From the standpoint of a municipal administrator, such a committee also has the decided advantage of relieving the municipal officials of the responsibility of refusing to grant political favors which might be detrimental to a public health nursing service.

The lay committee is composed of citizens who understand the sentiment of the community. Therefore, these members are in a position to interpret the work of the public health nurse to the community and also to know just how rapidly and by what methods the organization may grow and develop for the most effective health work.

BERTHA O. YENICEK

At present, I am president of the Charlotte (N. C.) Good Fellows Club, an organization composed of about five hundred men. We are organized for the sole purpose of taking an interest in, and supporting some form of public health nursing. The Good Fellows Club supplies to the Charlotte Cooperative Nursing Association three nurses with automobiles and all necessary equipment. And the reports that come to our organization monthly from these workers showing what has been accomplished are enough to make any man out of the moron class get interested.

Supplying nurses to go about visiting among the sick seems to me to be an intelligent sort of welfare job. I'd just a little rather have an investment in the rosy cheeks of a child than in any of the colors that stream through a memorial window, or in any of the inanimate forms of art or architecture—beautiful as they may be.

Public health nursing like medical missions always appeals to practical minded folks. Some day we are going to quit spending money for great buildings, needlessly costly and ornate, and begin putting more thought and money into child health centers, and free clinics where the sick will be given attention. You know, there isn't much religion in a church that costs a million dollars when some child living within a block or two of its bronze doors needs medical or nursing attention.

DAVID OVENS

POLICIES AND PROBLEMS OF PUBLIC HEALTH NURSING

MORE ON HEALTH CENTER PROCEDURE

Editorial Note: At last, at last we have found a topic conducive to self-expression! These comments are welcome. We hope the supporters of volunteers and those who feel no need for them will add any new points to this very practical problem.

I have been an interested reader of the discussions in THE PUBLIC HEALTH NURSE on "Health Center Procedure," and Miss Christman's viewpoint * fits my own case so well that I feel the urge to offer some observations of my own. I thoroughly agree with her that volunteer workers should have no place in the actual machinery of a rural child welfare center.

I realize and appreciate the importance of interesting local women in the work; I know that many a health project would have been a failure without their help and understanding, and that public health nursing history all over the land reveals the efforts of various women's organizations. But I believe there are more valuable ways in which we may catch and hold their interest than through the child welfare center.

My county — Waukesha County, Wisconsin—has long since abandoned the volunteer worker idea, and I should be loath to jeopardize the place which our very popular centers hold in this community by changing our method. Furthermore, I am jealous of the privacy which we offer our mothers. Waukesha County has two all-day centers each month; one is conducted in the city of Waukesha, and the other, newly inaugurated, is held in some outlying community. In our city sessions a paid secretary and the nurse carry out the routine procedure. The secretary has charge of the histories, and the nurse keeps the center running smoothly, ushers the mothers into the dressing-room in turn, and attends to the weighing and measuring. Accurate figures are of the greatest importance to the mothers who return month after month; hence one responsible person should take entire care of this. We take great pride in the smooth and unflurried manner in which our centers run.

Our rural centers are conducted in much the same way, except that for publicity purposes, and for the establishment of friendly contacts, we arrange for some group—usually the Parent-Teachers Association—to sponsor the center. One or two women are present in charge of the waiting room. In these small communities our centers would be in disrepute if a townswoman were on duty in the dressing-room or in the examining room—such is the mother's pride in her child; such her anxiety to protect her offspring from disparagement.

The questions in the editorial comment in connection with Miss Christman's article have been adequately answered in my experience:

"Should not the nurse be present with the doctor throughout the examination?"

So many of our mothers are returns that such a plan would be a waste of valuable time. Our physician calls the nurse in whenever a special case requiring the nurse's advice or follow-up is found. This is entirely sufficient in our centers.

"Does the use of volunteers limit itself to urban communities?" I believe that it would be practical to use volunteers in city centers, . . . but only there.

"Is one volunteer enough for a single doctor-nurse conference?" Much would depend upon the facilities at the nurse's disposal. If a separate waiting-room is available a great deal of disquiet and restlessness found in conferences can be avoided, and one volunteer, in addition to the nurse, is entirely sufficient.

"If no volunteers are used, is not a splendid publicity avenue closed?" Indeed yes, but the satisfaction of the mothers is after

* Printed in the March number of this magazine.

all the primary consideration (and one of the most powerful bits of publicity!), and we can find other means of gaining the friendship and understanding of these willing helpers. I believe that making friends among all classes is all that is necessary to carry on a successful public health effort. Without friends even the most perfect work would fail.

EMMA T. HIGGINS
County Health Department, Waukesha, Wis.

As President of the County Health Association, composed entirely of volunteer workers in the county in which Mrs. King (Health Center Procedure, PUBLIC HEALTH NURSE, October, 1930) works, perhaps my opinion is too partial to have much weight among the professional workers.

However, I would like to ask a few questions—

How does a nurse keep the interest of her volunteer workers in the clinic work?

Suppose there came a change of nurses in her county and the county was left for a time *with no professional worker*—would the clinics stop?

Whose fault is it that there is noise and confusion at the clinics when run by volunteers? Is it due to the worker or due to poor organization?

Is it practical for the nurse to step in and hear the parting words of the doctor's examination just as the mother leaves?

Who takes the doctor's dictation and who interprets to the mother just what the doctor means?

I have taken many histories and have never yet found a mother who did not enjoy answering all the questions asked her and offered more information besides.

MILDRED T. CARLTON
President of The Jackson County Health Association, Oregon.

TELL THE PRESCHOOL CHILD ABOUT THE NEW BABY

Some health agencies which concern themselves with maternal and child hygiene have experimented with a method of instruction which would seem to require great tact and knowledge of human nature—form letters to expectant mothers. To the agencies writing and sending these letters, the effects seem to be good. The reaction of the pregnant women who receive them is not so well known.

In an effort to utilize this method, the following draft of a letter was prepared in the offices of the American Social Hygiene Association for one of the state health departments in order to suggest to the expectant mother one aspect of social hygiene education. The Association invites criticisms and practical suggestions both as to the letter and utility of the method itself.

DEAR MADAM:

The coming of a new baby is an event in any family. You may be sure that all the members of your family are greatly interested, especially your children. Perhaps you have concealed the fact from the younger children, but the older children are certain to be aware of your condition sooner or later. They should be taken into your confidence and allowed to share in pride and joy at this great family event. The curiosity of children about a new member of the family is thoroughly normal and wholesome, and they can readily be given a fine attitude about it.

If you haven't told your children about the coming of babies, this event gives you an excellent chance to do so. Here are some suggestions to help you. Read Karl de Schweinitz's little book on "Growing Up" and then tell or read the story, a little at a time, to the younger children, or give the book to the older children for them to read. If you are far from a library, the enclosed booklet "Child Questions and Their Answers" will give you some practical ideas. You will find that you can talk to them about this new baby in a simple and matter-of-fact way and that they will respond in the same way. They will regard its coming as a happy family affair and one to be proud of, if you have this attitude yourself. Thousands of mothers have told their children this story of life origins and have been delighted at the wholesome response of their children. You can do it too, and for the sake of your children, should do it.

Children have great love and admiration for all that concerns the family they grow up in; they have abounding faith in fathers and mothers and all their doings—therefore they should hear this story at home rather than from companions or older children. Instead of crude words you will give your children correct terms which will be of service throughout life. Motherhood is too splendid and precious a thing for the story of it to be left to chance

or hearsay or vulgarity. Your children want to believe fine things about it. They would like to hear these fine things from you, their mother, or from their father.

And, most important of all, the children who have had this story told by mothers or fathers are not interested in or are unwilling to believe the unwholesome things about it that all children are sure to hear at some time or other. Thousands of parents testify to this fact. In other words, by telling the story wholesomely to your children you protect them from the unwholesome. Isn't that worth doing for your children?

Then, too, by making known to them the advent of a new member of the family you will make them ready to welcome its arrival. Many parents have found that when children, especially young children, have not known of the baby's coming until it has arrived, they were jealous of the baby. Even when this is not true, the former baby can be the family baby no longer. He must climb up one step to a new position. But if children know that a baby is coming and that it is dependent on every one for love and protection and that they will love it too almost as much as father and mother do, they will welcome it and make a place for it from the start.

So tell your children about the newcomer. Let them help prepare for him. Make it a family secret that everyone is proud and happy about. And let them, with you and your husband, look forward with joy to this great event in their lives.

Faithfully yours—

BUILDING MENTAL HYGIENE THROUGH HEALTH HABITS

MARY LOUISE MOJONNIER
Infant Welfare Society, Chicago *

Since so much of the preschool child's mental health rests upon the security of sound health habits, the Play School at Junior League Station of the Infant Welfare Society is proving a most satisfactory way of solving both behavior and nutrition problems. The children entered in this group are those whose mothers have failed to apply simple habit training methods at home and have become so discouraged with the results of their failure that they need to be shown as well as told what can be accomplished by consistent training.

The first child was enrolled when his mother responded to the advice given her with "It's all right for you to tell me what my Jimmie should eat, but when he won't eat it what can I do? I can't afford to buy vegetables for him and throw them away. You show me how to make him eat, and I'll cook anything you say." The second, Betty Jane, was stubborn and sullen. At two years she dominated her immediate family and a large group of devoted relatives by whining and crying. At meal time she met everything but coffee and bread with a temper tantrum. Between meals she demanded candy and cookies. At nap time she slept if it suited her and at night she went to bed when too exhausted to fight against it.

The eight children in the play school come at 9:30 each morning and stay until 12:30 when they go home for naps. The equipment is very simple—small chairs and tables, sturdy toys, and convenient toilet arrangements are the chief items. Through play, their interest in various foods is stimulated, and pictures and stories center about the pleasures of the daily tasks the children are learning to do for themselves so that the struggles to put on wraps, pick up toys, and wash hands become interesting accomplishments.

While the children are demonstrating the practical results of play school, their mothers meet with the nurse and nutritionist once a week to learn more about nutrition and behavior from the theoretical angle, and to discuss methods used with each child to bring about a healthy attitude toward eating, sleeping, elimination, play and other normal interests of two to six year olds.

—Mental Health Bulletin, Illinois Society for Mental Hygiene

* The Infant Welfare Society, Chicago, is one of the nineteen public health nursing organizations which employ a mental health supervisor.

REVIEWS AND BOOK NOTES

Edited by RUTH GILBERT

HOME GUIDANCE FOR YOUNG CHILDREN—A PARENTS' HANDBOOK

By Grace Langdon. John Day Co., New York. $3.50.

This book is especially written for the guidance of fathers and mothers in the development of their young children. It deals with the importance of the nine months before birth, giving consideration to such factors as adequate medical care, personal hygiene including mental hygiene, adjustment of living conditions, responsibility of the father, preparation of the other children for the coming of the new child. Later chapters discuss how the child learns in his earliest months, and how the parent can guide this learning into right channels. The aspects of every day life are woven into a pattern of valuable learning experiences. What and how children learn when they play, how play changes with growth, selection and use of those play materials which shall result in a well rounded physical development, all these topics are dealt with in such simple and direct language as to be readily understood by parents of average intelligence.

The question of obedience which gives grave concern to most parents today, is delightfully treated, showing how obedience is merely a means to the end of self control. How the child learns to be afraid, how he may avoid fears and unlearn fears, how he may be guided into making wise choices, how to answer his questions about sex, about death, about God, these and many other subjects which tax the ingenuity of the thoughtful parent, are approached fearlessly and are carefully analyzed.

This book should be of value both to public health nurses and to nurses in institutions—in fact to any nurse who has to do with either the guidance of children or the education of nurses. Schools of nursing should find it of value as a supplementary reference book in pediatrics, in teaching the normal development of the well child; head nurses in children's wards and directors in homes for children will find many practical suggestions for setting up play situations which will result in good development; public health nurses will want to refer their parents to it, and teachers of public health nursing will find its content invaluable in their attempt to emphasize the mental, emotional and social, as well as the physical development of the child.

MARY ELLA CHAYER

THE GUIDANCE OF MENTAL GROWTH IN INFANT AND CHILD

By Arnold Gesell. Macmillan, New York. $2.25.

A new book by Dr. Gesell is an important event in those worlds which are concerned with the better understanding and handling of young children. To those who have read his "Infancy and Human Growth" and "The Mental Growth of the Preschool Child," this book will have interest because of some new material. To those who have not read his other two books, this one serves as an introduction—as a collection of "samples" of the material to be found in them. It is especially to be recommended for its practical value to the public health nursing group.

The book is a collection of nineteen articles, eleven of which were previously published in magazines as widely varying as the *Delineator* and the *Archives of Neurology and Psychiatry*. The material is divided into three parts: Part One—The Progress of Guidance Concepts; Part Two—Problems and Methods of Child Guidance; Part Three—Science and the Protection of Child Growth. In the first section, the author begins with the newer trends in preschool education, takes us back into the past and shows us vividly how the 18th and 19th centuries viewed the

parent-child relationship. He then again takes up new trends by discussing the Nursery School movement of the 20th century, and has a chapter on "The Reconstruction of the Kindergarten."

In the second section, Problems and Methods of Child Guidance, seven chapters comprise previously published material. Some of the topics covered are: The Parent-Child Relation, Early Fear and Fortitude, The Accidental Deaths of Young Children, Clinical Guidance in Infant Adoption.

Chapter IX, printed in THE PUBLIC HEALTH NURSE, July, 1926, is entitled "Optimal Growth as a Child Hygiene Concept." Dr. Gesell points out the fact that the significance of science for the protection of children needs constant re-affirmation, and that the public health nurse is the defense against a relapse into "imperfect folklore." The idea of optimal growth should include the mental as well as the physical development of the child. He states that "It is not necessary to make an absolutely drastic distinction between mind and body. From a medical viewpoint we must approach the whole problem of the developing mind through the route of observable behavior . . ." The author believes that the mentally healthy child will have: (1) wholesome personal habits of living, (2) wholesome habits of feeling, (3) healthy attitudes of action. "The young child needs a kind of self-confidence which will enable him to meet the realities and discomforts of life. . . . Therefore, the wise parent from the beginning builds fiber as well as happiness into the child's mind."

In Part Three the author makes the point that the term "child development" has become a rival if not a substitute for that of child psychology. Child development is a branch of human biology concerned with the laws and the nature of early human growth. He then develops the argument that the patterning of early behavior is quite as much due to "nature" through "organic maturation" as to "nurture" through conditioning by the external environment . . . "no sundering distinction should be made between heredity and environment. The two interact conjointly. We need a correlating concept which will bring both sets of factors into intimate reciprocal interplay. Growth is such a concept."

He sums up his conclusions in terms of growth potency, personality and the nervous system; growth potency is broadly and fundamentally determined by inheritance. The basic developmental tempo, trend and temperament are mainly inherent individual characteristics. "Personality . . . is mainly a product of the conditions of development." The nervous system whose function is that of "maintaining and furthering the integrity of the body and its behavior" possesses, the author states, a "relative invulnerability which gives it a certain stability" and "it tends to grow in obedience to inborn determiners, whether saddled with handicap or favored with opportunity."

From Dr. Gesell's concept of growth and for his invaluable data in regard to standards of performance at different ages one can have only praise and gratitude. When he attempts to build up a complete guidance program, however, without taking into account the behavior mechanisms operating below the conscious level, there seems to be a definite inconsistency in his thinking. He mentions these mechanisms specifically, by saying that the governing factors in rearing a child are "the emotions, the ideals and the subconscious desires of the parents." He also speaks of the dynamic and genetic concepts which psychiatry has developed and says that "they have provided new insights into the process of personality formation." He speaks of the placement of a child in a foster home from which she had to be removed because the wife became jealous of her, and adds that this outcome could not have been foreseen. Certain groups now engaged in child placing would feel, however, that through the use of "new insights" the situation could have been foreseen, and that particular child not have been placed in that particular home.

We are all accustomed to making an unreal distinction between the problem child and the normal child as though there were a difference in kind instead of in degree. The "normal" child and his "normal" parents muddle through their emotional problems somehow. The "problem" child and his "problem" parents are given help. How can the constructive work in mental hygiene for which Dr. Gesell pleads be done unless we realize that every child has the problem of adjusting his strong drives for love and self-preservation to the environmental demands upon him, and that every parent has these problems too? Surely if what we aim for is optimal growth instead of the negative goal of not getting into trouble, we must give to the parents who are doing quite well the understanding which might enable them to do very well. SYBIL H. PEASE

CHILD CARE AND TRAINING

By Marion L. Faegre and John E. Anderson. University of Minnesota Press, Minneapolis. $2.00.

This useful book, now in its third edition, is one which can be recommended unequivocally to public health nurses who are leading parents' groups, assisting in advising mothers in clinic, or helping parents to solve their children's problems at home. It is rational, sound, and is written with clarity and simplicity. While a chapter is devoted to children's diseases, the approach of the book is from the positive angle through such discussions as Physical Growth, Mental Growth, Learning, Play, Constructive Discipline, Questioning and Sex Education, The Family. There is also a chapter on Books and Reading, which contains a list of books appropriate to children—stories that can be told; books to read aloud; "stout picture books for the baby." R. G.

AMERICAN PUBLIC HEALTH ASSOCIATION YEAR BOOK. 1930–1931.

Published by The American Public Health Association, 450 Seventh Avenue, New York. Price $3.00.

In response to many demands, the A.P.H.A. has published a year book—the first in the Association's sixty years of existence. The volume brings together valuable committee reports and information concerning A.P.H.A. activities in a concise and accurate form convenient for reference. The corrected membership list is complete as of November 1, 1930.

The National Committee for Mental Hygiene lists the following as "Our Own Best Ten." Selection was based on recent experience in conferences, lecture courses, public meetings and other educational channels reflecting the more popular demand for lay reading in mental hygiene:

Psychology of Insanity, by Bernard Hart.
The Normal Mind; An Introduction to Mental Hygiene and the Hygiene of School Instruction, by William H. Burnham.
The Human Mind, by Karl Menninger.
Everyday Problems of the Everyday Child, by Douglas A. Thom.
The Nervous Child, by Hector C. Cameron.
Outlines of Psychiatry, by William A. White.
Introduction to Mental Hygiene, by Ernest R. Groves and Phyllis Blanchard.
A Mind That Found Itself, by Clifford W. Beers.
Social Control of the Mentally Deficient, by Stanley P. Davies.
A Present Day Conception of Mental Disorders, by C. Macfie Campbell.

The American Library Association has recently issued four book lists for study groups prepared by Dr. Ada Hart Arlitt, Chairman of the Committee on Parent Education of the National Congress of Parents and Teachers. Special Topics, The Preschool Child, The Intermediate, and The Adolescent, are the titles of these lists which are available free from the American Library Association, 520 North Michigan Avenue, Chicago, Illinois.

Rural parent-teacher associations will be interested in an annotated list of 1930–1931 pamphlets on problems of rural schools and libraries prepared by the Research and Information Division at the National Office, 1201 Sixteenth Street N.W., Washington, D. C.

A Bibliography of Social Surveys has been published which gives reports

of fact-finding studies made as a basis for social action, arranged by subjects and localities, as compiled by Allen Eaton, Department of Surveys and Exhibits, in collaboration with Shelby M. Harrison, Director, Department of Surveys and Exhibits, Russell Sage Foundation. This is published by the Russell Sage Foundation, New York City. The writers have selected 2,775 titles of survey projects completed before January 1, 1928, arranging the material as follows: Part I, General social surveys; Part II, Surveys in specialized fields; Part III, Publications on purpose, method, and standards in surveys; Part IV, Geographical index (surveys classified by localities). A supplementary list of surveys that were under way while the volume was being arranged and edited brings the list roughly to the date of publication.

The Parental-Education Department, Institute of Child Welfare, University of Minneapolis, has issued a Manual for the Organization of Study Groups. The manual outlines the purposes of study groups in parental education and the methods of organizing them. Also suggestions about the subjects to be studied, with bibliographies on child development. Price 15 cents.

An excellent bibliography of education material on the care of the preschool child has been prepared by Dr. Viola Russell Anderson, Director of Child Health Education, Washington, D. C. This material was revised in 1930. It is carefully annotated and is in convenient mimeographed form. Copies may be obtained by writing to the Association for the Prevention of Tuberculosis, 1022 Eleventh Street, N.W., Washington, D. C.

The 1931 edition of *Plays and Pageantry*, a leaflet listing health plays distributed by the National Tuberculosis Association, 370 Seventh Avenue, New York City, is ready for circulation.

Private Group Clinics by C. Rufus Rorem, and *Illness and Dependency*, by Frank J. Bruno, are publications numbers 8 and 9 of the Committee on the Costs of Medical Care.

The Social Significance of the Ten-Year School Clinic Program for Children in Massachusetts, a paper by Frank Kiernan, executive secretary, Massachusetts Tuberculosis League, appears in the New England Journal of Medicine for January 15. The 10-year program of the Massachusetts Department of Public Health for the discovery and prevention of tuberculosis in the school children of the State was undertaken six years ago. Since that time 150,000 children have been examined in the clinics conducted by the department wherever their service has been requested by the community health or school officials. This paper describes the methods of organizing and conducting the clinics and the follow-up work done to see that children infected with the disease are given the needed treatment. The value of the work is indicated by the fact that in the 6 years 3,000 children have been found who were shown by X-ray examination to be suffering from tuberculosis in some degree and 6,500 more whose condition was such that they needed to be kept under supervision as suspected cases.

A new Quaker Oats publication is *Travels of a Rolled Oat*—the scene laid in Sweden.

THE USEFUL BOOK

The useful book makes no pretense;
It deals in simple common sense,
And tells us how to build a fence
Or sew an even seam,
Or plant a tree, or paint a car,
Or recognize a bird or star;
It deals in facts—plain things that are,
And holds no idle dream!

No dream? No dream? . . . What book could hold
More dreams of gleaming, changing gold
Than that plain volume, worn and old
Within this quiet nook?
It helped me plan my home. It made
That spreading tree that gives us shade.
Our garden knows its friendly aid.
All hail the useful book!

H. C. L.
Kalends of the Waverly Press

NEWS NOTES

The American Public Health Association announces its Sixtieth Annual Meeting, September 14–17, in Montreal, Quebec, with the Windsor Hotel as headquarters.

Such subjects as toxoid immunization; rural sanitation, particularly the organization of a practical program for county health units; health education for a large city, for a small city and for a rural community; camp and resort sanitation, including fungus skin infections, particularly those transmitted in swimming pools, and general sanitation of auto camps, have been considered so important by the Program Committee that special sessions will be devoted to them.

Meetings of four other organizations: American Association of School Physicians, Conference of State Sanitary Engineers, International Society of Medical Officers of Health and the International Association of Dairy and Milk Inspectors, will take place during or immediately preceding the sessions of the American Public Health Association.

For further information address the American Public Health Association, 450 Seventh Avenue, New York, N. Y.

A Western States Conference of nurses will be held in Yosemite National Park on June 5, 6, and 7. The states to be represented are Arizona, California, Colorado, Idaho, Montana, New Mexico, Oregon, Utah, Washington and Wyoming.

The National Safety Council will hold its annual congress in Chicago, October 12–16, with headquarters at the Hotel Stevens.

The annual Conference of Health Officers and Public Health Nurses of New York State will take place at Saratoga Springs, June 29–July 1 inclusive. Headquarters will be at the Grand Union Hotel.

Readers are reminded that the dates for the National Conference of Social Work to be held at Minneapolis are June 14–20.

Denver will be the scene of the fourth biennial convention of the World Federation of Education Associations, July 27–August 2.

The State Board Examinations in Indiana are to be held May 19 and 20, 1931, at 413 State House, Indianapolis.

The second Connecticut Mental Hygiene Institute has been planned for June 29 to July 18, in Hartford. Since 53 persons who attended last year's Institute have asked for a continuation course, such will be given.

The Institute will be somewhat in the form of a summer school, and each course will consist of 65 hours of lectures and seminars. There will be a number of authorities in the field of mental hygiene on the faculty. This Institute is under the direction of the Connecticut State Department of Health.

The course will be so planned that public health nurses, teachers, social workers, probation officers, physicians and all socially-minded persons of sufficient educational background may obtain a working knowledge of mental hygiene. There will be no tuition, and expenses connected with the Institute will be at a minimum. All persons interested in attending Institute should immediately communicate with the Division of Mental Hygiene, State Department of Health, Hartford, and further details will be sent on application.

Announcement is made by the Julius Rosenwald Fund, in coöperation with the Lincoln School for Nurses, of two scholarships which are available to Negro registered nurses for study in nursing at Teachers College, Columbia University, during the academic year 1931–32. To be eligible—

1. Credentials must be approved by the Committee on Admissions of Teachers College.
2. Evidence must be presented of unusual personal fitness for future work in nursing. Good health is part of this requirement and a physical examination will be required.
3. Assurance must be given of a position in some field of nursing on completion of the term of the scholarship. Preference will be given to applicants who intend to work in the South.

Courses offered by Teachers College include public health nursing, the administration of nurse training schools, and allied subjects.

Through the interest and courtesy of the Board of Managers of the Lincoln School for Nurses, New York City, residence and board in the excellently appointed nurses' home of this school will be furnished to students holding these scholarships. The grant from the Julius Rosenwald Fund will meet tuition fees and will include an allowance for travel.

Requests for application forms should be addressed to the Director for Medical Services, Julius Rosenwald Fund, 900 South Homan Avenue, Chicago, Illinois. Applications must be filled not later than June 1, 1931.

The New Jersey Tuberculosis League has begun an intensive campaign with the slogan, "Tuberculosis—The Foe of Youth." The

object of this campaign is to remind people that tuberculosis can be discovered before there are any signs or symptoms, especially among young people in the high schools, colleges, offices, and workshops, and to tell how the disaster of serious tuberculous disease may be prevented.

FOREIGN NEWS

A convalescent home for children between the ages of 1 and 3, known as the "Maison des Petits," has been opened near Paris by the Société de la Charité Maternelle. There is room for 50 babies, and in addition to those needing convalescent care, well children of the same age group are taken when the mothers are ill at home or at a hospital. The health of the children is supervised by a physician.

A gift of $1,000,000 for the establishment of a dental and throat clinic for school children in Paris has been made by Mr. George Eastman of Rochester, N. Y. The money is to be used for the construction and equipment of the clinic, and the upkeep is to be provided by the Paris City Council. The clinic will be the fifth given by Mr. Eastman in as many countries.

One of the most exciting of the events of the Nursing Exhibition recently held in London was the judging of the Nursing Inventions Competition. Lockers, bed-tables, bed-rests, bandages, etc., were much in evidence, and so excellent were the entries that the judges were threatened with heartbreak. The £50 was awarded to Miss Sewart, Bristol. The prize-winning invention enables the poor patient in his own home to be as easily carried from place to place as though he possessed an expensive stretcher. It has the simplicity of genius, is cheap to produce, takes little space, and cannot get out of order. Other entries highly commended were: bed cradle, sputum cup, mechanical lifter for heavy patients. All inventor-nurses who participated will have the opportunity of taking out provisional patents, with the hope of eventually placing their inventions on the market.

The method of organization of public child-welfare work in Graz is considered one of the best in Austria, outside Vienna. The central authority for child-welfare work is the municipal children's bureau (Jugendamt), which has 21 branches throughout the city. The bureau has charge of all phases of child-welfare work except education. The bureau acts as the guardian of illegitimate children and gives needed legal aid to their mothers, administers poor relief for persons under the age of 18 years, exercises supervision over delinquent children, and does the probation work of the juvenile court. The municipal health centers for children and young persons including the dental and orthopedic clinics and the clinics for diseases of the ear, nose, and throat, are under the direction of the children's bureau, and it conducts centers for expectant mothers where the women, in addition to medical advice, may receive gifts of clothing and money. It also maintains sanatoriums for tuberculous children and vacation homes for undernourished children.

A study of the effect of factory work on motherhood was recently made under the auspices of the Ministry of Labor in Germany. The investigation was made under the direction of Dr. Ludwig Teleky, chief medical factory inspector of Prussia and author of numerous works on industrial hygiene, with the coöperation of physicians and welfare workers connected with the health centers attended by the women whose cases were studied. The study covers the records of nearly 3,000 women and 7,700 children living in approximately the same social and economic status.

It was found that the babies of women working in the last weeks of pregnancy weighed less than the babies of those who stayed at home during the entire period and that the percentage of stillbirths was greater among the factory workers. The infant mortality rate was higher among the children of factory workers than among the children of housewives, the rates being respectively 126 and 106 per 1,000 live births. The difference in the mortality rates of the two groups was particularly high after the beginning of the seventh week of the child's life, which is the time when the mother usually returns to the factory and stops nursing her child. The author pleads for an extension of the work of the health centers and for increased maternity benefits to enable the mother to stay away from work without loss of wages during the last weeks of pregnancy and during a considerable part of the child's infancy.

APPOINTMENTS

Gertrude O'Connell is now in charge of the Harrison County (W. Va.) Tuberculosis Association, succeeding Isabel McCann, who resigned recently.

Geraldine Clementz, as staff nurse, Visiting Nurse Association, Grand Rapids, Mich.

Marion Dadles, as county nurse, Ottawa County, Mich.

Norma Askil has succeeded Elba Morse as supervisor of the Royal Oak Branch, Visiting Nurse Association, Detroit, Mich.

Adah Nichols as assistant educational director of the teaching center, Visiting Nurse Association, Detroit, Mich.

Martha Jenny has joined the staff of the Bureau of Public Health Nursing, Wisconsin State Board of Health. Her work will be chiefly with staffs of private agencies and with the development of child welfare service.

Mary E. Clinton as county nurse, Dutchess County, N. Y.

(*For Joint Vocational Service Appointments see p. 242*)